MARYLAND STATE DEPARTMENT OF HEALTH

11448

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) York Rd

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Thomas	Walter	Allen		12	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	married	11-24-1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	auto	New York State	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Walter Allen	Bella Chappelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	216-20-9505	Mrs T. Walter Allen, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage -	5 yrs -
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (4 attacks)	
	(c) Hypertension -	

331
330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 15, 1944, to 12/28, 1949, that I last saw the deceased alive on 12/28, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer C. Ensor	M.D.	Cockeysville Md.	12/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 30 1949	Loudon Park	Balto, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/28/49	Wilmer C. Ensor	Loudon M. Brooks & Sons	Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 29 1949.
BUREAU V. S.

11449

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sister Mary Celsa Arndt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 9 - 1869

8. AGE:	Years	Months	Days	If less than one day
	80	4	25	..... hrs. ..... min.

9. Birthplace: Allentown Pa.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: William Arndt
13. Birthplace: Prussia

MOTHER
14. Maiden name: Anna Kaiser
15. Birthplace: Switzerland

16. Informant: Sr. Mary Clara

Address: Notch Cliff

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 6/49 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo M. Finch Son

Address: 811 N Calvert St

19. 12/6 (Date rec'd by registrar) 19 49 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 4 1949, at 8.35 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1944, to Dec. 4 1949 and that I last saw her alive on Nov. 23 1949

	DURATION
Immediate cause of death: Myocardial Decompensation	2 yrs.
Due to	
Due to 443	
Other conditions: Hypertension	?
93d	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other

Address Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 20 1949
BUREAU V. S.

11450

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

BC

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Pt. Shipyard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6
STREET ADDRESS 3705 Ridgecroft Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ZEBULON FARRING BARBOUR

4. DATE OF DEATH (Month) (Day) (Year) December 9, 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 7-1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler Bethlehem
10b. KIND OF BUSINESS OR INDUSTRY Shipyards
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William W. Barbour
14. MOTHER'S MAIDEN NAME Laura V. Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Nellie F. Barbour - 3705 Ridgecroft

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis.

940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George G. Merrill MD (Degree or title)
ADDRESS Medical Examiner's Office 700 Fleet St. Baltimore 2
DATE SIGNED 12/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-12-49
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 12/9/49
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR Leonard J Ruck - 5305
ADDRESS Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for addition
in #21 shown on:
FILM No. 6 12 JAN 17 1950

11451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: Turner Station
(a) Baltimore ~~City~~ Co. Maryland
(b) Street address 204 Colfax Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Turner Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Colfax Way
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Rosa Barnes

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Unkown
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9/19/1891

8. AGE: Years 58 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Virinia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Robert Fields
13. Birthplace Virginia

MOTHER
14. Maiden Name Merniva Johnson
15. Birthplace Virginia

16 (a) Informant Alice McMillan
(b) Address 204 Colfax Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/49 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem.
Location Brooklyn A.A. Co. Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Avenue

19 (a) 12/22/49 (Date rec'd by registrar) (b) Mr. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1949, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1949, to Dec 1949, and that I last saw her alive on Dec 17 1949.

Immediate cause of death Malnutrition

Due to Heart disease

Due to Tumor of jaw Malignant (1/17/50 - 9.5)

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: 196
of autopsy: 45d

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature [signature] M. D.
Address 423 New Cattleburg Ave Date signed 12-28-49

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

11452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hertford
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madonna (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Raymond (Last) Bay

4. DATE OF DEATH (Month) Dec (Day) 23 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 29-1873
9. AGE last birthday 76 yrs. If under 1 year: Months 5 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY? Retired
11. BIRTHPLACE (State or foreign country) Cooptown Harford Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Andrew Bay
14. MOTHER'S MAIDEN NAME Margaret Cairnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs Martha Bay White Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s)

332 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1939, to Dec 23 1949, that I last saw the deceased alive on Dec 23, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE A. M. Frances (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 12/23/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Dec 26-49
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Madonna Harford (State) Md

DATE REC'D BY LOCAL REC. Dec. 26. 1949
REGISTRAR'S SIGNATURE Mrs Howard S. Markline
24. FUNERAL DIRECTOR Martin S. Kurtz ADDRESS Jarrettsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2/

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11453

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Sparrows Pt. 19
STREET ADDRESS (If rural give location) North Point Rd; Box 257

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Catherine	Ann	Bauer	Dec.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W		12 July 1875	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Baltimore Co., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr. (Not known) Bayer	Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mr. Edward J. Bauer (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Emaciation + Cardiac failure	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of breast (left)	
	(c)	

170
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 1946	Adenocarcinoma of left breast	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 30 Nov, 1949, to 6 Dec, 1949, that I last saw the deceased alive on 6 Dec, 1949, and that death occurred at 12:20 Pm., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles M. Kerr M.D.	815 Eastern Ave., Essex	7 Dec. 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-9-49	Oak Lawn	Balto. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-8-49	[illegible]	John G. Connelly	418 Eastern Ave

VS. A15

11454

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Phoenix
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Phoenix
STREET ADDRESS (If rural give location) Paper Mill Road

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Madison (Last) Beal
4. DATE OF DEATH (Month) December (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 25 February 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) St. Mary's County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Edward Beal
14. MOTHER'S MAIDEN NAME Eliza Catherine Dyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-28-8789
17. INFORMANT Maria Beal - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331	Immediate cause	(a) Cerebral accident	9 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	over 1 year
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia — 8 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec., 1948, to 9 December, 1949, that I last saw the deceased alive on 9 Dec., 1949, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 9 Dec. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 12, 1949
NAME OF CEMETERY OR CREMATORY St. Joseph
LOCATION (City, town, or county) (State) Texas, Maryland

DATE REC'D BY LOCAL REG. 12-11-49
REGISTRAR'S SIGNATURE Wilmer C Ensor
24. FUNERAL DIRECTOR Landon M. Brooks, Sparks, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1949
BUREAU V. S.

11455

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Hillen Road	STREET ADDRESS (If rural, give location) 317 Hillen Road

3. NAME OF DECEASED (Type or Print)	(First) Elmer	(Middle) L.	(Last) Beary	4. DATE OF DEATH	(Month) Dec. (Day) 21, (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 30, 1888	9. AGE last birthday 61 yrs.	If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME Em		14. MOTHER'S MAIDEN NAME Dolley Edwards			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Edna Beary 317 Hillen Road			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart failure

Antecedent cause(s) (b) Generalized Arteriosclerosis

450.0 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1949, to Dec 21, 1949, that I last saw the deceased alive on Dec 19, 1949 and that death occurred at 2 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 12-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12-24-49	NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.	LOCATION (City, town, or county) Longfellow	(State) Md
DATE REC'D BY LOCAL REG. Dec 23-49	REGISTRAR'S SIGNATURE C. W. Hedrick	24. FUNERAL DIRECTOR Mrs. Frances A. Hensley	ADDRESS 578 W. Biddle St	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 17 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hospital,Ft.Howard,Md	STREET ADDRESS (If rural, give location): 502 N. Robinson Ave.

3. NAME OF DECEASED (Type or Print)	(First) ALBERT	(Middle) --	(Last) BECK	4. DATE OF DEATH	(Month) December (Day) 24 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 7/3/97	9. AGE last birthday: 52 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Conductor	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Frank Beck		14. MOTHER'S MAIDEN NAME: Anna Breese			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: unknown	17. INFORMANT AND ADDRESS: Clinical records,Vets.Adm.Hosp.Ft.Howard,Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rupture of abdominal aneurysom	24 hrs
4500 Antecedent cause(s)	(b) Arteriosclerosis	unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12-23, 1949, to 12-24, 1949, ~~that I last saw the deceased alive on~~ and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. Pugh		VAH, Fort Howard, Md.	12/24/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 27/49	Balto Nat. Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/27/49	A.W. Hedrick Per. A.S.	Philip Sterwig Sons,	2024 Orleans St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sparrows Point
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Lodge Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5
STREET ADDRESS (If rural give location) 2721 Ashland Ave.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) M (Last) Bender

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 8/13/1912
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Taxi
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Norman BENDER
14. MOTHER'S MAIDEN NAME VIOLETTE, BERTHA,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. 218-63-3903 ~~216-15-0441~~
17. INFORMANT Robert R. Moreland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	3 hrs.
322.1 Antecedent cause(s)	(b) (Chr) & Acute Alcoholism	2 wks
940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1949, to Dec. 26, 1949, that I last saw the deceased alive on Dec. 26, 1949, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE James T. Means M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE 12/28/49
NAME OF CEMETERY OR CREMATORY Mowland Park
LOCATION (City, town, or county) Baltimore Co (State) Md

DATE REC'D BY LOCAL REG. 12/27/49
REGISTRAR'S SIGNATURE A.W. Hedrick Per A.S.
24. FUNERAL DIRECTOR Wilhelm Cook Inc 1217 St Paul St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11458

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sparrows Pt. Pumping Station

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex, 21
STREET ADDRESS (If rural, give location): Cedar Beach Rd.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) BENTON
4. DATE OF DEATH: (Month) December (Day) 7, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-11-1890
9. AGE last birthday: 58 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Mill
10b. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Benton
14. MOTHER'S MAIDEN NAME: Mary E. Jubb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 216-10-51-83
17. INFORMANT: Muriel Benton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 T4a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Carl L Rogers (Degree or title) ADDRESS: 700 Fleet Street, Balto., Md. DATE SIGNED: December 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/10/49 | NAME OF CEMETERY OR CREMATORY: Lorraine Park | LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REG.: 12-8-49 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: J J Brzydzinski | ADDRESS: 1407 Eastern Ave.

VS. A15A

Dr Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11459

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2604 Wycliffe Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2604 Wycliffe Road.

3. NAME OF DECEASED (Type or Print): (First) Melzie (Middle) Miley (Last) Bice

4. DATE OF DEATH: (Month) Dec. (Day) 1 – (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 18 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months 6; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Johnstown, Pa.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Miller

14. MOTHER'S MAIDEN NAME: Ida Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. David E. Bice 2604 Wycliffe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, uterus & ovaries — Interval Between Onset and Death: about 15 months

17 4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

48 6 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, Hemiplegia, Right, — 3 years 10 Days

19a. DATE OF OPERATION: April 1949

19b. MAJOR FINDINGS OF OPERATION: Extensive carcinoma, primarily of uterus & ovaries.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 25 1949, to Dec. 1, 1949, that I last saw the deceased alive on Nov. 30, 1949, and that death occurred at 7.40 A. m., from the causes and on the date stated above.

SIGNATURE: A. M. Bacon (Degree or title) M.D. ADDRESS 2810 Taylor Ave. DATE SIGNED 12/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/3/49 — NAME OF CEMETERY OR CREMATORY Moreland Park — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 12-2-49 — REGISTRAR'S SIGNATURE G. M. Bacon — 24. FUNERAL DIRECTOR Leonard J. Luck — ADDRESS 5305 Harford

VS. A15

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11460

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred: 109 Chestnut Street

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 109 Chestnut St
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME: LOTTIE BAILEY BOOTHE

3.(b) Social Security Number: None

4. Sex: F

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): January 27, 1881

8. AGE: Years 68 Months 10 Days 11 If less than one day 2 hrs. 0 min.

9. Birthplace: Sussex, Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: James Bailey
13. Birthplace: Sussex, Va.

MOTHER
14. Maiden name: Lucy Blow
15. Birthplace: Sussex, Va

16. Informant: Mrs. Mary Lillian Gross

Address: 109 Chestnut St Dundalk 22, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 11-49 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cem.

Location: Waverly Virginia

18. Funeral director: Elroy O Wilson

Address: 1000 Brantly ave

19. 12/8 1949 (Date rec'd by registrar) Aw Hedrick Dr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 7, 1949, at 10 50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 25, 1947, to December 7, 1949 and that I last saw her alive on December 7, 1949

Immediate cause of death: Broncho Pneumonia — DURATION: 4 days

Due to: Hypertensive Heart Disease — 2 yrs.

Due to: 443

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: William C. Wade, M. D.
M. D. or other

Address: 140 Oak Ave #22 Date signed: 12-7-49

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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7

MARYLAND STATE DEPARTMENT OF HEALTH

11461

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 6 yrs. 9, os. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2412 Harlem Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Bosies

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-27-1891

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days 27 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Supply Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Bosies

14. MOTHER'S MAIDEN NAME: Pauline Hassman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-10-0107

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 5 days

Antecedent cause(s)

420.0 / 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — years

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1943, to Dec. 4, 1949, that I last saw the deceased alive on Dec. 4, 1949, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS Spring Grove State Hosp., Catonsville, Md. DATE SIGNED 12-4-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: Dec. 6, 1949 | NAME OF CEMETERY OR CREMATORY: MT. OLIVET | LOCATION (City, town, or county) (State): BALTIMORE, MD

DATE REC'D BY LOCAL REG.: 12-5-49 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Harry A. Wetzler ADDRESS: 4101 Edmondson Ave

11462

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH COUNTY: Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4949 Cedar Ave.	STREET ADDRESS (If rural, give location): 4949 Cedar Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ROBERT W. BOUGHMAN				4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1949	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Sept.3,1875	9. AGE last birthday: 74 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfgr	10b. KIND OF BUSINESS OR INDUSTRY: Leather Goods	11. BIRTHPLACE (State or foreign country): Balto., Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Lewis P. Boughman		14. MOTHER'S MAIDEN NAME: Mary Virginia Ziegler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: no	17. INFORMANT: Mrs. Rena D. Boughman	Relay, Md. 4949 Cedar Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute Coronary occlusion — 1 day

Antecedent cause(s)

587.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chr. Pancreatitis — 5 yrs

186a (c) Myocarditis — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left Humur (Fracture union) — 40 yrs

19a. DATE OF OPERATION: Feb 17/43	19b. MAJOR FINDINGS OF OPERATION: Pancreatitis	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1943, to Dec 30 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 8 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr B B Brumbaugh — ADDRESS: 5609 Main St Elkridge — DATE SIGNED: 27 Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/2/50	NAME OF CEMETERY OR CREMATORY: Loudon Park	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: Dec 3/49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS	ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11463

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimor e
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
STREET ADDRESS (If rural give location) 4214 Fowler Ave.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) R (Last) BOWLING
4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 5/2/35
9. AGE last birthday 14 yrs. If under 1 year Months 7 Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George A. Bowling
14. MOTHER'S MAIDEN NAME Hilda Watts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. George A. Bowling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lupus Erythematosis, disseminated	19 mon.
705.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
153	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1948, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 27, 1949, and that death occurred at 6:55 P m., from the causes and on the date stated above.

SIGNATURE Adam G Swiss, M.D. (Degree or title) ADDRESS 6232 Belair Road, Balto 6, Md DATE SIGNED Dec. 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 12/31/49
NAME OF CEMETERY OR CREMATORY St. Peters Lutheran
LOCATION (City, town, or county) (State) Fullerton, Md.
DATE REC'D BY LOCAL REG. Dec. 28 1/49
REGISTRAR'S SIGNATURE Mrs. G. L. Reifsnider
24. FUNERAL DIRECTOR Lavahn Funeral Home
ADDRESS 7401 Belair Rd.

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11464

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4516 KENWOOD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood.
STREET ADDRESS (If rural, give location) 4516 Kenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Brocato
4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1949
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 1878
9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Bernard Sabantino
14. MOTHER'S MAIDEN NAME: Mary Anna Onorto
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Anna Spina 4516 Kenwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 10 yrs.

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1947, to 12/1, 1949, that I last saw the deceased alive on 11/30, 1949, and that death occurred at 10:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. J. Battaglia	M.D.	5829 Belair Rd	12/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 5-49	Holy Redeemer	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/49	C. W. Hedrick	Dippel Bro.	7110 Belair Rd.

5829 Bel. Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11465

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 35 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 816 N. Mount Street ✓

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) BROWN, SR.

4. DATE OF DEATH: (Month) December (Day) 22, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-5-1891

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hesicar Brown

14. MOTHER'S MAIDEN NAME: Rebecca Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Unknown

Antecedent cause(s)

002 13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 11-17-, 1949, to 12-22-, 1949, that I last saw the deceased ~~alive on ..., 19..., and that~~ death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Pugh, M.D. (Degree or title) ADDRESS VAH, FT.HOWARD, MD. DATE SIGNED 12-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12-27-1949 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/27/49 | REGISTRAR'S SIGNATURE HW Reddick

24. FUNERAL DIRECTOR: Katie R. Williams, ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11466

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 1yr.7mos.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marriottsville
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Burkhardt

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-11-1868

9. AGE last birthday: 81 yrs. If under 1 year: Months 6, Days 22, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

903.0 **Immediate cause** (a) Pulmonary Infarct

186a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of right hip

(c) accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital
(CITY OR TOWN): Catonsville (COUNTY): Balto (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 17, 49 2-45 p m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Slipped & stumbled on floor coming out of bath room

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Ger. Wm. Kieffer M.D. Deputy Md. State Health Dept. ADDRESS: Balto Co. 1010 Leads ave DATE SIGNED: Dec 3. 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/9/49
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG.: 12/9/49
REGISTRAR'S SIGNATURE: Amfredrick per gfl
24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

11467

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Co. Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Jones Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 10 Jones Ave.

3. NAME OF DECEASED (Type or Print) (First) Russell (Middle) E. (Last) Butts

4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 1949

5. SEX Male | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 10-25-1907 | 9. AGE last birthday 42 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Catonsville, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Butts. | 14. MOTHER'S MAIDEN NAME Ida Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Ida M. Butts. 10 Jones Ave. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Phthisis Pulmonalis 3

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14-, 1949, to 12-7-, 1949 that I last saw the deceased alive on 2-7-, 1949 and that death occurred at 2.00 A.m., from the causes and on the date stated above.

SIGNATURE C. F. Maloney (Degree or title) MD. ADDRESS 57 Winter Lane Balto. 28 Md DATE SIGNED 12/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-9-1948 | NAME OF CEMETERY OR CREMATORY Western Star Cem. | LOCATION (City, town, or county) Catonsville (State) Md.

DATE REC'D BY LOCAL REG. 12/8/49 | REGISTRAR'S SIGNATURE Ann Hedrick | 24. FUNERAL DIRECTOR Mrs Katie R Williams ADDRESS Schroeder St 322 N

Dm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11468

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 37 Broadship Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 37 Broadship Road

3. NAME OF DECEASED (Type or Print): (First) Alan (Middle) J. (Last) Childs

4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: July 26, 1882

9. AGE last birthday: 67 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Bethl. Steel Co.

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John M. Childs

14. MOTHER'S MAIDEN NAME: Margaret Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Florence A. Childs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma prostate gland — Interval Between Onset and Death: 3 mos

177 Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 7, 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Dec 4, 1949, that I last saw the deceased alive on Dec 4, 1949, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lloyd N. Andrew M.D. ADDRESS: 2 Kinship Rd Dundalk 22 Md DATE SIGNED: 12/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Dec. 8, 1949 | NAME OF CEMETERY OR CREMATORY: White Memorial Garden | LOCATION (City, town, or county) (State): Syracuse, New York

DATE REC'D BY LOCAL REG.: 12/5/49 | REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: Roland L. Fisher | ADDRESS: Dundalk, Md.

11469

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters. LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS #636 Box. Bowleys Quarters Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) John (Last) Christ.

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1949

5. SEX Male

6. COLOR OR RACE White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH Feb 27 1873

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John A. Christ

14. MOTHER'S MAIDEN NAME Margaret Diacont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Louise M. Christ 220 S Patterson Park Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. Immediate

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. M. Carmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md. DATE SIGNED 12/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 12-19-49 NAME OF CEMETERY OR CREMATORY Ebenezer Cliniche Co LOCATION (City, town, or county) Baltimore Co (State) Md

DATE REC'D BY LOCAL REG. December 17th 1949 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR John C. Moran 3000 E Baltimore St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11470

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore County
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 58 yrs.
Hospital, institution, or street address where death occurred:
109 Bishops Lane
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 109 Bishops Lane
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Jeremiah A. Coakley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widow

6.(b) Name of husband or wife: late Mary R. Coakley
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 9, 1874

8. AGE: Years	Months	Days	If less than one day
75	7	19	hrs. min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: Contractor

FATHER
12. Name: Timothy Coakley
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Miss Frances Coakley
Address: 109 Bishops Lane, Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/31/49 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: 4300 Old Frederick Rd.

18. Funeral director: Harry A. Wiltse
Address: 4101 Edmondson Ave.

19. 12-30-49 (Date rec'd by registrar) L Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 28/49 19 at 1:53 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6. 18 19 47 to 12. 28 19 49 and that I last saw h... alive on 12. 28 19 49

Immediate cause of death	DURATION
Coronary Embolism	24 hrs.
Due to: Cardio-Vascular Renal Dis.	5 yrs.
Due to:	
Other conditions: 420.1	
131a	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George E. Thom M. D. or other
Address: Catonsville 28 Md. Date signed: 12.28.49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

11471

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. 2119 Eagle St. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown — LENGTH OF STAY (in this place): 6 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Pleasant	STREET ADDRESS (If rural, give location): 2119 Eagle St

3. NAME OF DECEASED (Type or Print): (First) David (~~Middle~~) Cohen (~~Last~~)

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Oct. 11, 1887 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Cohen | 14. MOTHER'S MAIDEN NAME: Sarah Shusterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Ethel Cohen (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 18 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1949, to Dec. 30, 1949, that I last saw the deceased alive on Dec 30, 1949, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE: T. Rudner MD. (Degree or title) ADDRESS: Reisterstown, Md. DATE SIGNED: Dec. 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jan. 1 1950 | NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run Cem | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: December 31st 1949 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: Sol Levinson & Bros ADDRESS: 1126 W North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11472

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
LENGTH OF STAY (In this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belleview Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): Belleview Avenue

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) Blanche (Last) Cooper

4. DATE OF DEATH: (Month) Dec. (Dey) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1880

9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Townsend

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Harry T. Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
550.0 Immediate cause	(a) Pulmonary Embolis	20 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 121	(b) Appendectemy	2 wks.
	(c) Appendicitis	2 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: Nov. 21, 1949

19b. MAJOR FINDINGS OF OPERATION: Acute Appendicitis

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? No injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title) Med. Exam M.D. ADDRESS: Reisterstown Md DATE SIGNED: 12-5-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 8 1949
NAME OF CEMETERY OR CREMATORY: St. Thomas
LOCATION (City, town, or county) (State): Baltimore Co.

DATE REC'D BY LOCAL REG.: 12-7-49
REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J. F. Eline & Sons, Reisterstown, Md

RECEIVED
DEC 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11473

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~COUNTY~~ Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) Milner Hotel.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NETTIE		COVELL	Dec.	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female.	White	Widowed	1870.	79. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed.	Unknown	Md.	U.S.A.

13. FATHER'S NAME: James E. Ardinger
14. MOTHER'S MAIDEN NAME: Emma Jane Nitzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	No.	None.	Spring Grove Hosp Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cardiac Decompensation	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Left Femur (mech.)	3 mo.
(c)	

90.0
186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
Senile Psychosis	1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Foster Road & Limit	(CITY OR TOWN) Catonsville	(COUNTY) Balto.	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
9	1	'49	3:45 p.m.			Spontaneous fall in hallway.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Caples	Med. Exam. M.D.	Reisterstown, Md.	Dec 24 '49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-27-49	Reserve ?	Williamsport Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-24-49	V E Harry	Edieb V Leaf	

RECEIVED
DEC 27 1949
BUREAU V. S.

11474

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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T

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place) 40yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chattalonee Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chattalonee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Loring	ANDREWS	Cover	Dec	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	Feb 28 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Banker	Butler Md	U.S.A.

13. FATHER'S NAME Thomas Cover
14. MOTHER'S MAIDEN NAME Elizabeth J ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Thomas Cover Sr. Garrison Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular accident	4 days
331 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Hypertension,	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from Sept., 1947, to 20 Dec., 1949, that I last saw the deceased alive on 20 Dec., 1949, and that death occurred at 1 15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Royse M D		Pikesville 8 Md	20 Dec 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Dec 22/49	Mt Hebron	Winchester	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/49	A W Dedrick DM	Henry J Jenkins Sons Co	4905 York Rd

11475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Home of the Pines - Balto

City or town Catonsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town 1544 Lockwood Road

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1544 Lockwood Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mrs. Della G. Cox

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 29 - 1882

8. AGE:

Years	Months	Days	If less than one day
66	11	18	..... hrs. ..... min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name Patrick McTigue
13. Birthplace Ireland

MOTHER
14. Maiden name Mary - not known
15. Birthplace Ireland

16. Informant Robert Rodgers Cox

Address 1544 Lockwood Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 14 - 1949 (month) (day) (year)

Cemetery or crematory Moreland Park Cem.

Location Balto Md

18. Funeral director Marnie C. Syfer

Address 1600 W. North Ave.

19. 12/14 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 - 1949, at 1-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 29 1949 to Dec. 11 1949 and that I last saw her alive on Dec. 11 1949

Immediate cause of death	DURATION
Metastatic Ca of Lungs	5 mo
Due to Ca of Left Breast	1 yr.
Due to	
Other conditions	

170 (Include pregnancy within 3 months of death)

50

Major findings of operations Ca of Left Breast

Date of op. Mar 1949

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer K. Gallagher M.D. or other

Address Catonsville-28, Md Date signed 12/13/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11476

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, | LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lumberport
STREET ADDRESS (If rural, give location) R.F.D. # 1

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) L (Last) CRISS
4. DATE OF DEATH: (Month) December (Day) 1, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	10-11-86	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Lumberport, West Virginia	USA

13. FATHER'S NAME: John F. Criss
14. MOTHER'S MAIDEN NAME: Julia A. Ashcroft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	W.-I	Unknown	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
160 Immediate cause	(a) Cardiorespiratory Failure	Unknown
55d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Squamous Cell Carcinoma of Right Antrum with Regional and Distant Metastasis	5 Mos. plus.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-24- 1949, to 12-1 1949, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 12:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. L. FLECK, M. D.	Act.Chief Pro. Ser.	VAH, Ft. Howard, Md.	12-1-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12/2/49		Clarksburg. W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/49	A. W. Hedrick	Howard Blight Funeral Home,	Balto., Md.

Mildred J. Blight Co. 6009 Harford Rd

VS. A15

11477

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sister Mary Melina Czepla

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) May 6, 1894

8. AGE: Years	Months	Days	If less than one day
55	7	8	... hrs. ... min.

9. Birthplace: Brooklyn N.Y.
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER
12. Name: Michael
13. Birthplace: Lithuania

MOTHER
14. Maiden name: Appolonia Kalwitis
15. Birthplace: Lithuania

16. Informant: Sr. Mary Clara

Address: Notch Cliff

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Dec 16/49
(month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo M. Smith Sr

Address: 811 W Wolfe St

19. Dec 15/49 19 [signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1949, at 9.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1949, to Dec 14 1949 and that I last saw her alive on Dec 12 1949

Immediate cause of death: Coronary occlusion — DURATION: 1/2 hr

Due to

Due to: 420.1

Other conditions: Hypertension Arteriosclerosis — 2

94a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] J. M. D.
M. D. or other

Address — Date signed

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11478

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 837 N. Fremont Ave.

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) DAVIS (Last)

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/9/97

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blair, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Davis

14. MOTHER'S MAIDEN NAME: Ellen Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.: 217-01-0063

17. INFORMANT AND ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY EMBOLUS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) THROMBOSIS OF FEMORAL VEINS — Sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PRIMARY CARCINOMA OF LIVER — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec. 5, 1949, to Dec. 27, 1949, [redacted], and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE: H. C. MANAUGH, M.D. (Degree or title) CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. (ADDRESS) DATE SIGNED: 12/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-30-49 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec 29-49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Ave. Balto.Md.

Evidence for addition in 18c shown on:

FILM No. G 123 DEC 22 1949

11479

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville — LENGTH OF STAY (in this place): 19 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring GroveState Hospital	STREET ADDRESS (If rural, give location): 108 Warren Avenue

3. NAME OF DECEASED (Type or Print)	(First) Sadie	(Middle) B.	(Last) Davis	4. DATE OF DEATH	(Month) Dec. 5 (Day) (Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 10-17-1891	9. AGE last birthday: 58 yrs.	If under 1 year: Months 1, Days 18; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: --- Buchannan		14. MOTHER'S MAIDEN NAME: Elizabeth Hurst			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Hospital records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	acute
Antecedent cause(s)	(b) Hyperpyrexia due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Brain tumor, — probable benign hypophyseal tumor [12/22/49 akc]	Indef.

223
56d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1949, to Dec. 5, 1949, that I last saw the deceased alive on Dec. 5, 1949, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk (Degree or title) — ADDRESS: Isadore Tuerk, M.D. Spring Grove Hospital, Catonsville, Md. — DATE SIGNED: 12-6-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 12/8/49	NAME OF CEMETERY OR CREMATORY: FOREST LAWN CEM.	LOCATION (City, town, or county) (State): NORFOLK, VA.
DATE REC'D BY LOCAL REG.: 12/6/49	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: CARL L. HESS	ADDRESS: 715 LIGHT ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3 Years
1 - Ellen

Evidence for addition of 18b shonw on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11480

FILM No. G 123 DEC 20 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 Bosley Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 500 Bosley Ave.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Edwin (Last) Davis

4. DATE OF DEATH (Month) Dec (Day) 8 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Jan 1, 1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Insurance Business Genl.
10b. KIND OF BUSINESS OR INDUSTRY Insurance-Fire
11. BIRTHPLACE (State or foreign country) Canton Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Davis
14. MOTHER'S MAIDEN NAME Ester Bowerice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes-Navy (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 040-12-8416
17. INFORMANT Wife-Mrs. Thos. E. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Neoplasm, gastric, with metastasis general — INTERVAL BETWEEN ONSET AND DEATH 6 mo +

151

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant carcinoma, type undetermined (12-20-49-ams)

46b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from None, 19.., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Rollin C. Hudson (Degree or title) Md., DME. ADDRESS Towson Md DATE SIGNED 12/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 12/10/49
NAME OF CEMETERY OR CREMATORY Greenmount Crematory
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 12/9/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CERTIFICATE OF DEATH

Registered No. 71 11481

BIRTH NO. (OVER)

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): HERBERT DICKINSON

2. DATE OF DEATH: December 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7805 Meath Road, Dundalk
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): 7805 Meath Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	M.	Nov. 3, 1909	40 39		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piece work Counter
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Ship Yard
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dock R. Dickinson
14. MOTHER'S MAIDEN NAME: Sarah E. Lawrence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): 1929-1934
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ola Dickinson ADDRESS: Dundalk, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Aortic stenosis
DUE TO

411 ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Rheumatic heart disease
DUE TO (12-8-49 - ams)

92a
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE, M.D.: Wm J. McClafferty
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 12-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 5, 1949
24C. NAME OF CEMETERY OR CREMATORY: Highland Burial Park
24D. LOCATION (City, town, or county) (State): Danville, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: Dec 3-1949
REGISTRAR'S SIGNATURE: N. M. Bailey Jr.
25. FUNERAL DIRECTOR ADDRESS: Roland L. Fisher, Dundalk, Md.

VS-151

Evidence for addition
of #13 shown on:

FILM No. G 123 DEC 9 1949

RECEIVED
DEC 5 1949
BUREAU T. S.

11482

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Howard Road	STREET ADDRESS (If rural, give location) 705 Howard Road

3. NAME OF DECEASED (Type or Print)	(First) RICHARD	(Middle)	(Last) DUCHESNE	4. DATE OF DEATH	(Month) December (Day) 9 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 8-17-1948	9. AGE last birthday 1 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Royal Duchesne	14. MOTHER'S MAIDEN NAME Alma Lytle.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

983 Immediate cause (a) Cranio-cerebral injury

168 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home	(CITY OR TOWN) Pikesville	(COUNTY) Baltimore	(STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 9, '49 m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Blunt force		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Russell S Fisher	MD	700 Fleet Street	12-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 10-49	NAME OF CEMETERY OR CREMATORY Woodlawn	LOCATION (City, town, or county) Woodlawn	(State) Md
DATE REC'D BY LOCAL REG. 12/10/49	REGISTRAR'S SIGNATURE Wm. E. Martin	24. FUNERAL DIRECTOR Ellsworth Armacost	ADDRESS 5118 Gwynn Oak	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11483

31

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANITE RD. | LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GRANITE - MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANITE - MD - RURAL
STREET ADDRESS (If rural, give location) GRANITE RD.

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) IDELLA (Last) DUVALL

4. DATE OF DEATH: (Month) DEC. (Day) 29 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: SEPT. 7 1912

9. AGE last birthday: 37 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): HOWARD COUNTY Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES HODGE

14. MOTHER'S MAIDEN NAME: MARY NELSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE.

17. INFORMANT: MRS HATTIE GRIGGS - (SISTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	1 DAY
171 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 48a	(b) HYPERTENSIVE C-V DISEASE	1 YEAR
	(c) CARCINOMA OF CERVIX	18 MONTHS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 15, 1949, to DEC. 29, 1949, that I last saw the deceased alive on DEC. 29, 1949 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas E. Wheeler M.D. Randallstown, Md. 12/29/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 1-2-1950 | NAME OF CEMETERY OR CREMATORY ST ALPHONSUS | LOCATION (City, town, or county) (State) WOODSTOCK, MARYLAND

DATE REC'D BY LOCAL REG. Dec 31-49 | REGISTRAR'S SIGNATURE A. W. Hellweg | 24. FUNERAL DIRECTOR ADDRESS F.C. HIGINBOTHOM, ELLICOTT CITY, Md.

VS. A15

11484

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 27 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1529 N. Wolfe Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) F. (Last) EDELMAN

4. DATE OF DEATH: (Month) December (Day) 4, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-23-96

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Edelman

14. MOTHER'S MAIDEN NAME: Sarah Zellar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 705-05-2466

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis, pulmonary, bilateral, far-advanced active.	3 months plus
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 11-7-, 1949, to 12-4-, 1949, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 10:15 P.m., from the causes and on the date stated above.

VA

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH	M.D. Chief Pro. Services	VAH, FT. HOWARD, MD.	12-5-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	12/7/49	Moreland Mem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/49	[signature]	Howard Blight Funeral Home, Balto., Md.	

Dm Mildred J. Blight 6009 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

11485

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1234 E. Eager St.

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) C. (Last) Feldhaus

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: About 1865

9. AGE last birthday: 84 ?? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard Feldhaus

14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Starvation — 14 days

539.1 Antecedent cause(s)

116 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Oesophageal diverticulum incurable - 10 yrs duration

(c) Obstruction of oesophagus - Catheter in Stomach for 9 months — Regurgitation of intestinal contents into stomach — 14 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 20, to Dec 21, 19 49, that I last saw the deceased alive on Dec 20, 19 49, and that death occurred at Dec 21-49 12 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

E. A. Hayward, (MD) — 13 E. Eager St. Balto. — Dec 22 '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/24/49 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/23/49 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR — ADDRESS: H. W. Meads and Son 502 N. Calvert St.

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11486

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Frusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 27 Frusting Ave.

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) M. (Last) FISCHER

4. DATE OF DEATH: (Month) DEC. (Day) 13 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Neumann

14. MOTHER'S MAIDEN NAME: Julia Roemelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Jos. C. Fischer 27 Frusting Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular.

155 Antecedent cause(s)

46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomata of Gall Bladder

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 1/49

19b. MAJOR FINDINGS OF OPERATION: Carcinomata of Gall Bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Dec 13, 1949, that I last saw the deceased alive on Dec 13, 1949, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert C. Ketsch ADDRESS DATE SIGNED 12/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec. 15, 1949
NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 12-14-49
REGISTRAR'S SIGNATURE: V E Harvey

24. FUNERAL DIRECTOR: George A Farley Funeral Home
ADDRESS: 1 Fayette St

VS. A15

RECEIVED
1949
U. S.

11487

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE
LENGTH OF STAY (in this place) 2 MONTHS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1723 SELMA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS. Halethorpe
STREET ADDRESS (If rural, give location) 1327 LINDEN AVE or 1723 Selma Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WALTER F. FLICKINGER

4. DATE OF DEATH (Month) (Day) (Year) DEC. 13, 1949 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN. 10, 1896
9. AGE last birthday 53 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR
10b. KIND OF BUSINESS OR INDUSTRY PENN. R.R.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HARVEY G. FLICKINGER
14. MOTHER'S MAIDEN NAME MARY J. STULLER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 717-07-8413
17. INFORMANT ALICE E. FLICKINGER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) Gun shot in head

164 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) suicide

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Halethorpe (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 13 49 10-15 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot himself in head with gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.* 10-15 am

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. W. Kieffer Mde. Dep Med Exam Balto Co 1010 Leeds Ave Dec 13 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 12/16/49
NAME OF CEMETERY OR CREMATORY BAUST CHURCH CEM.
LOCATION (City, town, or county) (State) WESTMINISTER, CARROLL MD.

DATE REC'D BY LOCAL REG. Dec 14, 49
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR J. T. Cambrose, 1327 Sulphur Spring Rd. Arbutus. ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11488

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38-9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarm
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) L (Last) Ford.

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 20 1902

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: Anthony Ford.

14. MOTHER'S MAIDEN NAME: Elizabeth Kreatle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 212-09-0421

17. INFORMANT: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis.

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13&

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 19 49, to Dec 23, 1949, that I last saw the deceased alive on Dec 23, 1949, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE: W C Bridges — (Degree or title) M.D., Supt., — ADDRESS Eudowood Sanatorium, Towson 4, Md — DATE SIGNED 12-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-27-49 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 12/27/49 — REGISTRAR'S SIGNATURE: A.W. Sedrick — 24. FUNERAL DIRECTOR: Leonard J. Kuck — ADDRESS: 5305 Harford Rd

A.5

VS-A15

11489

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place) Balto. 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5316 Hamilton ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location) 5316 Hamilton Ave.,

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Michael (Last) Freund
4. DATE OF DEATH (Month) Dec (Day) 11 (Year) 49
5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 29/1891
9. AGE last birthday 58 yrs. If under 1 year Months 6 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY C.J. Langenfelder
11. BIRTHPLACE (State or foreign country) Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles A. Freund
14. MOTHER'S MAIDEN NAME Mary E. Herrmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-07-5368
17. INFORMANT Mrs. John M. Freund

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr. J. McCarmine (Degree or title) Deputy Medical Examiner Balto. Co. ADDRESS Dundalk 22 Md DATE SIGNED 12/11/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 12/14/49
NAME OF CEMETERY OR CREMATORY Zion Lutheran
LOCATION (City, town, or county) Stemmers Run, (State) Md.

DATE REC'D BY LOCAL REG. 12/12/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11490

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea, Balto #6 — LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6904 Beech ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Gephardt.
4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 8/1899
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forman
10b. KIND OF BUSINESS OR INDUSTRY: Harrigan Roller Co
11. BIRTHPLACE (State or foreign country): Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Geo. J. Gephardt
14. MOTHER'S MAIDEN NAME: Margaret Gegner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Leona A. Gephardt 6904 Beech Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Balto #6 — (COUNTY) Balto. — (STATE) Md.
TIME OF INJURY: (Month) 12 (Day) 19 (Year) 49 (Hour) 4 A. m.
INJURY OCCURRED: While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. M. Carmine M.D. — (Degree or title) Deputy Medical Examiner — ADDRESS: Balto. Co. Dundalk 22 Md. — DATE SIGNED: 12/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/22/49 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: Dec. 20, 1949 — REGISTRAR'S SIGNATURE: E. W. Hedrick wh — 24. FUNERAL DIRECTOR: Wm Cook Inc 1217 St. Paul St. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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Evidence for addition of #4 shown on:

FILM No. G 123 JAN 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11491

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Fork Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) E. (Last) Gordon
4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1949
5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: July 16-1879 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Gordon | 14. MOTHER'S MAIDEN NAME: Catharine Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Raymond E. Gordon Fork Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 1 wk.

443 Antecedent cause(s) (b) Hypertensive Cardiovascular Disease — 10 yrs

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia — 8 da.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1939, to Dec. 23, 1949, that I last saw the deceased alive on Dec. 23, 1949, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clifford F. Hudson M.D. Fork Md. 12/24/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Dec. 26-49 | NAME OF CEMETERY OR CREMATORY Franklinville Presb. | LOCATION (City, town, or county) (State) Franklinville Md.

DATE REC'D BY LOCAL REG. Dec. 24-49 | REGISTRAR'S SIGNATURE C. E. Arthur | 24. FUNERAL DIRECTOR Clarence E. Arthur | ADDRESS Fork Md.

RECEIVED
JAN 5 1950
BUREAU V. S.

11492

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawnville | LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Julie-Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawnville
STREET ADDRESS (If rural, give location) Villa Julie Valley Rd.

3. NAME OF DECEASED (Type or Print): (First) SISTER ROSE PATRICIA (Middle) (MARGARET) (Last) HALLIGAN
4. DATE OF DEATH: (Month) DEC. (Day) 17 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthdny	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
F	W	SINGLE	July 26, 1920	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph P. Halligan
14. MOTHER'S MAIDEN NAME: Mary Rose Tarry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Villa Julie Academy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis. — 6 yrs.

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Dec 17, 1949, that I last saw the deceased alive on Nov 1, 1949, and that death occurred at 5 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sister Mary J. Ellen, RSM 1673 St Paul St Dec 21 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-21-49	Sisters of Notre Dame Cem.	Ilchester	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-21-49	M E Richards	George A. Farley-Fullerton	Fayette St.

RECEIVED
DEC 24 1949
BUREAU V. S.

CERTIFICATE OF DEATH

Registered No. 11493

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William R. Hamburg

2. DATE OF DEATH: Dec 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION: Private (If not in hospital or institution, give street address or location) 7814 Oak Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. PARKVILLE
D. STREET ADDRESS (If rural, give location): 7814 Oak Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W.	married	June 2, 1877	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Engineering	Maryland	USA.

13. FATHER'S NAME: William J. Hamburg

14. MOTHER'S MAIDEN NAME: Aurelia Messick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-9369

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema. DUE TO

(B) Chr Myocarditis - Nephritis DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 2 hrs. (B) (C)

422.2 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

61

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1949, *to* Dec 20, 1949, *that I last saw the deceased alive on* Dec 20, 1949, *and that death occurred at* 5:20 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold H Burns M. D.

23B. ADDRESS: 529 N. Charles St

23C. DATE SIGNED: 12/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/23/49

24C. NAME OF CEMETERY OR CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Taylor Ave Md

DATE RECEIVED BY LOCAL REGISTRAR: 12/21/49

REGISTRAR'S SIGNATURE: A W Hedrick M

25. FUNERAL DIRECTOR: Mildred J. Blight ADDRESS: 600 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11494

CERTIFICATE OF DEATH

Reg. Dist. No. 4/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STATE Maryland; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6773 Woodley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 6773 Woodley Rd

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) S. (Last) Harrison, Jr.

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 26 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel

11. BIRTHPLACE (State or foreign country): Oxford, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard S. Harrison

14. MOTHER'S MAIDEN NAME: Nina M. Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Minnie M. Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rt Lung (Bronchogenic) — Interval Between Onset and Death: 1 yr

162 Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause steting the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition ceusing death.

19a. DATE OF OPERATION: May 13-1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt Lung

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, ferm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to Dec. 27, 1949, that I last saw the deceased alive on Dec 27, 1949, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W D Davis MD — Dundalk Md — 12/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Dec. 30, 1949

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

LOCATION (City, town, or county) (State): Balto. Co., Md

DATE REC'D BY LOCAL REG.: Dec 29-49

REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Roland L. Fisher Dundalk, Md

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

11495

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson; LENGTH OF STAY (in this place) 8 yrs.,9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenhaven
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leroy	--	Hatter	Dec.	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	12/29/1902	46 yrs.	11	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Hatter
14. MOTHER'S MAIDEN NAME: Mary Twist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown; (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Leroy Hatter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	28 yrs.
002 Antecedent cause(s)		
131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Leukemoid Reaction	1 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1941 to 12/24, 1949, that I last saw the deceased alive on 12/24, 1949, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Mt.Wilson, Md.	12/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/28/49	New Cathedral Cem.	4300 Old Fred.Rd., Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/24/49	Helen R. Mayer	Dippel Bros., 1800 E. Lombard St.City

Rec'd. 12-29-49 - Dr E E Nichols per mail

VS. A15

RECEIVED
DEC 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11496

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Emerson Hotel ✓

3. NAME OF DECEASED (Type or Print): (First) VIVIAN (Middle) WRIGHT (Last) HATTON
4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3-10-1891
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander C. Wright
14. MOTHER'S MAIDEN NAME: Anna Mary Bucheit (D.J.M.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary insufficiency

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial degeneration

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE Earl L Ryer (Degree or title) M.D. ADDRESS 700 Fleet Street DATE SIGNED 12-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-30-49 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/30/49 — REGISTRAR'S SIGNATURE R W. Hedrick

24. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SON — ADDRESS: Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11497

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md	LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
	STREET ADDRESS (If rural, give location) 2914 Northern Parkway

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Hieronymus		Heinrich		Dec	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Feb 15-1864	85 yrs.	10	months		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cabinet Maker		Hochwalde Province Germany	54 yrs US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Heinrich	Frances Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Laura M. Schroder R.N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Heart Failure	
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	
	(c) Generalized Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/22, 1947 to Dec 7, 1949, that I last saw the deceased alive on Dec 7, 1949, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kees	M.D.	Cockeysville Md	12/7/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	12/10/49	Loudon Pk	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/8/49	L.M. Schroder	Wm. Cook	St Paul & Preston St

RECEIVED
DEC 12 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11498

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysill Md
LENGTH OF STAY (In this place) 3 yrs 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 713 Brentwood Rd, Huntsmans Ridge

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) (Last) Henneman

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH June 6 1870

9. AGE last birthday 79 yrs. If under 1 year: Months 6, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Henry Rothrock

14. MOTHER'S MAIDEN NAME Marie Louisa Huber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	over 1 yr
	(c)	

450.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1948 to Dec 24, 1949, that I last saw the deceased alive on Dec 23, 1949, and that death occurred at 3 15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter T. Kees M.D. Cockeysville Md 12/24/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/27/49 NAME OF CEMETERY OR CREMATORY London Pk LOCATION (City, town, or county) (State) Druidtus, Inc. Balto. Md

DATE REC'D BY LOCAL REG. 12/24/49 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR ADDRESS Wm. Cook, St. Paul & Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BIRTH NO. Balto. Co. Registered No. 1499

1. NAME OF DECEASED (Type or Print) Charles HERGET

2. DATE OF DEATH Dec. 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Corner Leeds & Wilkens Ave.
c. Length of stay in Baltimore 35 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4304 Kensington Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Mar. 25, 1875	74 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grocer (rtd)	Own Grocery Business	Germany	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Herget	Marie Kelm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
none	none	Mrs. Anna Herget	4304 Kensington Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Acute Coronary Occlusion	5 Minutes
DUE TO	Coronary Sclerosis	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
260 61 (C)	Diabetes Mellitus	13 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 5-14, 1947, to Sept-25, 1949 that I last saw the deceased alive on Sept 25, 1949 and that death occurred at 12-35 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Earl Cass, M.D. M. D.	4001 Wilkens Ave	12-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/49	Western Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
December 3 1949	R.W. Radue	WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH 11500

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Baltimore · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson · LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 521 W. Alleghany Ave.	STREET ADDRESS (If rural, give location) 521 W. Alleghayny Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HUGH	C.	HILL	Dec. 18, 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widow	March 21, 1858	91 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Self	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Hill	Eliza MacCullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Miss Jeannette F. Hill, 521 W. Alleghant Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular

(c) Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1940, to 18 Dec., 1949, that I last saw the deceased alive on 18 Dec., 1949, and that death occurred at 1030 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Reis	M.D.	6701 York Rd Balto 12 Md	19 Dec 1949

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/21/49	Parkwood	Parkville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 20, 1949	a. w. Hedrick	William Cook, Inc.,	1217 St. Paul St.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11501

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks; LENGTH OF STAY (in this place) 5 1/2 5; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks; STREET ADDRESS (If rural give location) York Road

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS (Middle) HUTCHINS (Last) Hope

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-20-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 11 Days 5; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): HARFORD CO. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JAMES JOSHUA HOPE

14. MOTHER'S MAIDEN NAME: OLIVIA HUTCHINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Calder L Hope

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	1 yr
420.0 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	over 14 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — many years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 28 Dec., 1949 that I last saw the deceased alive on 28 Dec., 1949 and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kees	M.D.	Cockeysville, Md.	28 Dec 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 30-49	St James P.E.	Monkton Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 28, 1949	Mrs. Howard S. Markline	William Stuck	Jarrettsville Md.

VS. A15

RECEIVED
JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11502

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 9 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Burkleigh Sq

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural give location) 11 Burkleigh Sq.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H. (Last) Horney

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 11-26-1889

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Horney

14. MOTHER'S MAIDEN NAME: Alice M. Eisenhauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Mary M. Schetter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: approx. 1 hr.

420.1 Antecedent cause(s)

940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis + Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Towson (CITY OR TOWN) Balt. (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 July, 1948, to 9 Dec., 1949, that I last saw the deceased alive on 9 Dec., 1949, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: Robert W. Collins (Degree or title) M.D. ADDRESS 4 Burkleigh Square Towsonmd. DATE SIGNED 9 Dec. 49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-12-49 | NAME OF CEMETERY OR CREMATORY: Oaklawn | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 12/12/49 | REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR: John A. Moran ADDRESS 3000 E. Balt. St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11503

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks
LENGTH OF STAY (In this place): 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sparks Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks
STREET ADDRESS (If rural, give location): Sparks Road

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) (Last) Hottes

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: May 28, 1866

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McDonnell

14. MOTHER'S MAIDEN NAME: Jane Lami

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. J. Vernon Hottes Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage, left	35 mins.
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Hypertension	Unknown
	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Collin B. Loudon M.D. D.M.E. Towson Md 12/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/31/49

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 12/30/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS. A15

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11504

FILM No. G 124 JAN 24 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4572 Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural give location): 4572 Ridge Road

3. NAME OF DECEASED (Type or Print): (First) ELAINE (Middle) B. (Last) HOFSTETTER HOLLANDS

4. DATE OF DEATH: (Month) Dec. (Day) 25th (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 16, 1924

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Hofstetter

14. MOTHER'S MAIDEN NAME: Dorothea Karcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-16-9322

17. INFORMANT: Mr. Wm. H. Hofstetter, 4572 Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593 **Immediate cause** (a) Nephritis — Interval Between Onset and Death: 4 mos.

132 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1941, to 12-25, 1949 that I last saw the deceased alive on 12-24, 1949, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. H. Ewald Jr. — ADDRESS: 36 York Court — DATE SIGNED: 12-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 28, 1949 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: Dec. 27-1949 — REGISTRAR'S SIGNATURE: Mrs. G. L. Reifsnider

24. FUNERAL DIRECTOR: Loveless Funeral Home — ADDRESS: 7401 Belair Rd.

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11505

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3024 Liberty Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural give location): 3024 Liberty Parkway

3. NAME OF DECEASED (Type or Print): (First) Christopher (Middle) (Last) Hughes
4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7/23/1877
9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Margaret Hughes (wife) Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 2 weeks

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arterio-sclerotic cardio-vascular disease with aortic stenosis — 10 yrs.

92a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1949, to 12-28, 1949, that I last saw the deceased alive on 12-27, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	M.D	Spanows Point, Md	12-30-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/1949	St. Stanislaus	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/30/49	A. W. Hedrick	Lilly & Zeiler Inc.	403 S. Wolfe St. Balto.

AGE & BIRTHDATE: AFF. OF DAUGHTER, MRS. CLYDE HYATT, CATONSVILIE filmed G123
1-9-50 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11506

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
12 Hillside Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 12 Hillside Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Ada M. Hurst

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late James P. Hurst
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1875 1873

8. AGE: Years	Months	Days	If less than one day
74 76	11	10	..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Julius D. Detmers
13. Birthplace -----

MOTHER
14. Maiden name Mary A. Tremper
15. Birthplace -----

16. Informant
Address 12 Hillside Rd. Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/22/49 (month) (day) (year)
Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18. Funeral director Harry H. Ritzte
Address 4101 Edmondson Ave.

19. 12-22-49 19 (Date rec'd by registrar) V.E. Henry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19th 1949 at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1947 to Dec 19 1949
and that I last saw h alive on Dec 19 1949

Immediate cause of death: Thyocardial Failure — DURATION: 2 Days
Due to: Carcenoma of Breast with Metastasis — 1 Yr
Due to:
Other conditions: 170 / 50
(Include pregnancy within 3 months of death)
Major findings of operation: C & S Breast — Date of op. Apr 49
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE James Entwisle M. D. or other
Address Catonsville Date signed 12/22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct as to age, is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
DEC 27 1949
BUREAU V. S.

11507

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1802 KINSHIP RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 1802 KINSHIP RD

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FLORENCE M. HUSTER

4. DATE OF DEATH (Month) (Day) (Year) DEC. 27 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY 1, 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN T. MUIR
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT JOHN E. HUSTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 18 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J M B Davis MD (Degree or title) Defor Med. Examiner ADDRESS Dundalk 22 Md DATE SIGNED 12/29/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 30, 1949
NAME OF CEMETERY OR CREMATORY HILLCREST BURIAL PK
LOCATION (City, town, or county) (State) CUMBERLAND, MD

DATE REC'D BY LOCAL REG. Dec 29-49
REGISTRAR'S SIGNATURE R. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS ROLAND L. FISHER DUNDALK, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for correction in #1 & 22 shown on:
FILM No. G. 123 JAN 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11508

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; FORT HOWARD HOSPITAL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORT HOWARD
LENGTH OF STAY (in this place): 12 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hospital, Ft. Howard Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 1511 Mt. Royal Ave. Baltimore 17, Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	R	HUTCHINSON	12	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	M.	11-18-76	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Parking Attendant	Parking Attendant	Cambridge, Maryland	USA

13. FATHER'S NAME: Charles Hutchinson
14. MOTHER'S MAIDEN NAME: Sally ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	SAW	212-18-1983	Clinical records, Vets. Adm. Hosp Ft Howard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	
Antecedent cause(s) 420.1 / 940 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none			m.		none

22. I hereby certify that I attended the deceased from 12-25-19..., 19..., to 12-25..., 1949..., that I last saw the deceased alive on XXXXXXXXXXXXXX., and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Mazer ROBERT MAZOR, M.D.		VAH Fort Howard Maryland	12-25-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/28/49	Natural	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/27/49	A.W. Hedrick Per. A.S.	Fulton Co Inc	1214 Eutaw St

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11509

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Relay Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 1729 Arlington ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CHARLES S JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) December 8 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 8, 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Secretary
10b. KIND OF BUSINESS OR INDUSTRY B & ORR
11. BIRTHPLACE (State or foreign country) Harford County Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Johnson
14. MOTHER'S MAIDEN NAME Mary J Heaghy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 705-09-8962
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary tuberculosis — Onset 1937-8

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1949, to December 8, 1949, that I last saw the deceased alive on Dec 8, 1949, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W A Bridges M.D., Supt., Eudowood Sanatorium, Towson, 4, Md. 12-8-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/12/49
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. December 10, 1949
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11510

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde; LENGTH OF STAY (in this place) ____; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6422 Sherwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde; STREET ADDRESS (If rural, give location) 6422 Sherwood Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Keen

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Bel Air, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A. Coale

14. MOTHER'S MAIDEN NAME: Mary McFadden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): ____

16. SOCIAL SECURITY NO.: ____

17. INFORMANT AND ADDRESS: Rev. H. A. Keen, Idlewylde, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of liver	6 mo.
	(c)	

156.1
46f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ____ 19b. MAJOR FINDINGS OF OPERATION: ____ 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ____ PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ____ (CITY OR TOWN) ____ (COUNTY) ____ (STATE) ____

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____ INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ____

22. I hereby certify that I attended the deceased from Dec. 17, 1949, to Dec. 28 1949, that I last saw the deceased alive on Dec. 27, 1949, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd E. Saylor, M.D. ADDRESS 3902 Greenmount Ave. Baltimore 18, Md. DATE SIGNED Dec 29 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 30, 1949 | NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem. | LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: Dec 30-49 | REGISTRAR'S SIGNATURE: R. W. Hedgcock | 24. FUNERAL DIRECTOR: John Burns' Sons | ADDRESS: Towson, Md.

11511

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills | LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrison Rd Owings Mills

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural, give location): Garrison Road

3. NAME OF DECEASED (Type or Print): (First) KATE (Middle) Gompf (Last) KELLER

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Feb 6 1868

9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gompf

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John W Keller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHO- PNEUMONIA — 3 days

422.1 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC - C. V. DISEASE — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 30 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Dec. 21, 1949, that I last saw the deceased alive on Dec. 21, 1949, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel | (Degree or title): M.D. | ADDRESS: Reisterstown, Md. | DATE SIGNED: 12/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec 24 1949 | NAME OF CEMETERY OR CREMATORY: St Thomas Cemetery | LOCATION (City, town, or county) (State): Garrison Forest Md

DATE REC'D BY LOCAL REG.: 12-23-49 | REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: Wm Berryman & Sons | ADDRESS: Reisterstown Md

RECEIVED
JAN 4 1950
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. 11512

1. NAME OF DECEASED (Type or Print): Viola M. Kittredge

2. DATE OF DEATH: Dec. 16-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Prince

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6106 Shadyspring Road

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6106 Shadyspring Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Feb-25-1909	40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakmont, Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frank King
14. MOTHER'S MAIDEN NAME: Mary Ferren
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: Mr. Theodore R. Kittredge - 6106 Shadyspring

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion, acute — DUE TO

420.1 ANTECEDENT CAUSES

(B) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

94a

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 14 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 7, 1949, *to* Dec. 16, 1949, *that I last saw the deceased alive on* Dec 8, 1949, *and that death occurred at* 1:40 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald Landon M. D.
23B. ADDRESS: 6077 Harford Rd
23C. DATE SIGNED: 12-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-19-49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: 12/19/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck - 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11513

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANITE - MD. — LENGTH OF STAY (in this place) 35 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HERNWOOD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - GRANITE - MD.
STREET ADDRESS (If rural, give location) HERNWOOD ROAD

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) (Last) KLEIN

4. DATE OF DEATH: (Month) DEC. (Day) 31 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) WIDOWED

8. DATE OF BIRTH: SEPT 17, 1856

9. AGE last birthday: 93 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FIRST NAME UNKNOWN - GOETZ

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: MRS. BARBARA, A. ZEPP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) CONGESTIVE HEART FAILURE.	1 YEAR
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE.	5 YEARS
	(c) CHRONIC GLOMERULAR NEPHRITIS	1 YEAR.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from NOV. 29, 1949, to DEC. 3, 1949, that I last saw the deceased alive on DEC. 3, 1949, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Roman E. Wheeler M.D. — ADDRESS: Randallstown Md. — DATE SIGNED: 12/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/5/49 — NAME OF CEMETERY OR CREMATORY: Presbyterian — LOCATION (City, town, or county): Granite — (State): Md

DATE REC'D BY LOCAL REG.: 12/4/49 — REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: C. Harry Greer, Sykesville, Md — ADDRESS

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11514

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 2 yrs. 21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) (Last) KLUTCH

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3-31-1873

9. AGE last birthday: 76 yrs. | If under 1 year: Months. 8 | Days 20 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Thomas Klutch

14. MOTHER'S MAIDEN NAME: Julia Lichvezeka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal pneumonia	3 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	indef.
443 932	(c) Generalized arteriosclerosis	indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1947, to 12-20, 1949, that I last saw the deceased alive on 12-20, 1949, and that death occurred at 5:35 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M. D. | ADDRESS Spring Grove State Hospital Catonsville-28, Maryland | DATE SIGNED 12-20-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY Md. Anatomical Board | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1-2-49 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR | ADDRESS

J.

RECEIVED
JAN 2 1950
BUREAU V. S.

11515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 613 Debaugh Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural give location): 613 DEBAUGH AVE.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) YODER (Last) KNABB

4. DATE OF DEATH: (Month) DEC. (Day) 16, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		APRIL 27, 1858	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	FARMER	BERKS Co. PA.	USA

13. FATHER'S NAME: DANIEL Y. KNABB

14. MOTHER'S MAIDEN NAME: MELINDA ARMPRISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	MRS. JOHN BEYER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Degeneration	1 Month
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Sigmoid	2 years
	(c)	

153
46a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/15, 1949, to 12/16, 1949, that I last saw the deceased alive on 12/15, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles F. O'Donnell MD	7301 York Rd Towson	12/16/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC. 19, 1949	ST. MICHAELS CEM.	BIRDSBORO, PENNA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/17/49	M. Gerald Van Sant	JOHN BURNS' SONS	TOWSON, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11516

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton.; LENGTH OF STAY (in this place) 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix.; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) M. (Last) Kopp.

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: Dec. 19, 1875.

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper.

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): York Co., Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Levi Grove

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: —

17. INFORMANT: George F. Kopp - Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61 (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Dec 28, 1949, that I last saw the deceased alive on Dec 27, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. France M.D. Parkton Md. 12/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 31, 1949

NAME OF CEMETERY OR CREMATORY Saddlers Cemetery

LOCATION (City, town, or county) (State) New Freedom, York Co., Pa.

DATE REC'D BY LOCAL REG. Dec 30

REGISTRAR'S SIGNATURE Chester L. Fiedler

24. FUNERAL DIRECTOR ADDRESS J. Jacob Harlenstein, New Freedom, Pa.

RECEIVED
JAN 6 1950
BUREAU V. S.

11517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard | LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 921 N. Stricker Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) - (Last) LARKINS

4. DATE OF DEATH: (Month) December (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-11-97

9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Coal Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montague, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donis Larkins

14. MOTHER'S MAIDEN NAME: Louise Devone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung — Interval between onset and death: 8 Months

163 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Syphilis, type undetermined — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-14, 1949, to 12-22, 1949, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M. D. (Degree or title) Chief Pro. Services | ADDRESS: VAH, Fort Howard, Md. | DATE SIGNED: 12-23-49

23. BURIAL, CREMATION / REMOVAL (Specify): Buried | DATE: 12-26-1949 | NAME OF CEMETERY OR CREMATORY: Burgay N. C. | LOCATION (City, town, or county) (State): Burgay N.C.

DATE REC'D BY LOCAL REG.: 12/24/49 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: Katie R. Williams, | ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11518

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (In this place): At work
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reis. Rd. & Gwynnbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): 8 Chatsworth Avenue

3. NAME OF DECEASED (Type or Print): Charles (First) Henry (Middle) Lauterbach (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 30, 1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Road man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Lauterbach

14. MOTHER'S MAIDEN NAME: Annie Worrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary E. Lauterbach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Severed Abdominal aorta	2 min.?
812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) avulsion of abdominal wall	2 min.
170 c	(c) Due to being struck by Auto.	2 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway. (CITY OR TOWN): Owings Mills (COUNTY): Balto. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 21 '49 2:20 p. m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Was painting Rd. sign & was struck by car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.D. Eagles Med. Exam.	M.D	Reisterstown, Md.	12-23'49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 24, 1949	All Saints Cemetery	Reisterstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-23-49	Mary B. Eline	Wm. Berryman & Sons,	Reisterstown, Md.

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11519

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 16yr9mo19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 713 Carroll Street

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Lepson

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11-28-1898

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul Braun

14. MOTHER'S MAIDEN NAME: Helen Treisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Cerebral hemorrhage — Interval Between Onset and Death: 6 hrs.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive ca rdiovascular disease — indef.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1933 to 12-1-, 1949, that I last saw the deceased alive on 12-1-, 1949, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) MD ADDRESS Spring Grove State Hosp. Catonsville-28, Maryland DATE SIGNED 12-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12-5-1949 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 12/2/49 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR: Flynn & Fleming | ADDRESS: 1426 Light St.

11520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 3 mos. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Columbia Pike

3. NAME OF DECEASED (Type or Print): (First) Virginia; (Middle); (Last) Loflin

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-25-1864

9. AGE last birthday: 85 yrs. If under 1 year: Months 5; Days 7; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Herbert

14. MOTHER'S MAIDEN NAME: Sarah Ann Saurge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial pneumonia	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease with cardiac failure	Indef.
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1949, to Dec. 2, 1949, that I last saw the deceased alive on Dec. 2, 1949, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M.D. ADDRESS Spring Grove State Hospital, Catonsville, Md. DATE SIGNED 12-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE Dec. 3/49; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 12-3-49; REGISTRAR'S SIGNATURE V.E. Harris

24. FUNERAL DIRECTOR ADDRESS Easton & Sons Ellicott City, Md.

RECEIVED
DEC 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11521

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL; LENGTH OF STAY (in this place) 40 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD COURT RD - PIKESVILLE 8 MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLD COURT ROAD -; STREET ADDRESS (If rural, give location) PIKESVILLE 8 - MARYLAND

3. NAME OF DECEASED (Type or Print): (First) REBECCA (Middle) W. (Last) LYNCH

4. DATE OF DEATH: (Month) DEC. (Day) 1 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): WIDOWED

8. DATE OF BIRTH: FEBRUARY 14-1865

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK -

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BEDFORD - NEW YORK.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHEAL DOURNEY

14. MOTHER'S MAIDEN NAME: REBECCA WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT: MISS KATHERINE DOURNEY (SISTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE.	2 WEEKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C-V. DISEASE	2 YEARS
	(c)	

443
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. UTERINE FIBROMA.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from SEPT 1, 1949, to DEC 1, 1949, that I last saw the deceased alive on DEC 1'49 at 10:00 PM, 1949, and that death occurred at 10:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas E. Wheeler MD. Liberty & Old Court Rds - 12/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 3, 1949

NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

LOCATION (City, town, or county) (State) Randallstown, Md.

DATE REC'D BY LOCAL REG. December 3rd 1949

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Willis Lamoreau

ADDRESS 4510 Liberty Heights Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11522

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 6mos. 12 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	STREET ADDRESS (If rural, give location): 1910 Hope Street

3. NAME OF DECEASED (Type or Print)	(First) Mamie	(Middle) Berry	(Last) Malone	4. DATE OF DEATH	(Month) December (Day) 20 (Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: May 15, 1881	9. AGE last birthday: 68 yrs.	If under 1 year: Months 7, Days 4; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Michael Kriener	14. MOTHER'S MAIDEN NAME: -----				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: ----	17. INFORMANT AND ADDRESS: Hospital records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene of intestine	Acute
Antecedent cause(s)		before
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of rectum	June 1949
	(c)	

154

46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-19-49	19b. MAJOR FINDINGS OF OPERATION: Gangrene of large intestine, cancer of rectum	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1949, to Dec. 20, 1949, that I last saw the deceased alive on Dec. 20, 1949, and that death occurred at 5:15a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Isadore Tuerk, M.D. ADDRESS: Spring Grove State Hospital, Catonsville-28, Maryland DATE SIGNED: 12-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12-23-49	NAME OF CEMETERY OR CREMATORY: M.D. Olivet	LOCATION (City, town, or county) (State): City
DATE REC'D BY LOCAL REG.: 12/21/49	REGISTRAR'S SIGNATURE: R.W. Hedrick	24. FUNERAL DIRECTOR: Wiedefeld & Son	ADDRESS: Greenmount Ave & 22nd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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CHANGE OF BIRTH YEAR: funeral director's statement by phone and 1/49 death cer. filed here B alto co for husband JACOB MARRIOTT showing NORA M. MARRIOTT as wife, age 63 at time.. LL 12/21/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11523

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3610 Marriott Lane	STREET ADDRESS (If rural give location) 3610 Marriott Lane

3. NAME OF DECEASED (Type or Print)	(First) Nora	(Middle) M.	(Last) Marriott	4. DATE OF DEATH	(Month) December (Day) 19 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 6, ~~1865~~ 1885	9. AGE last birthday 64 yrs yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Hebbville, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George Henritz	14. MOTHER'S MAIDEN NAME Elizabeth Subock				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Gordon Marriott, 3610 Marriott Lane Rockdale			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 min

174 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency — 2 yrs

48 b (c) Diabetes - Hypertension, Cancer of Uterus — —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1944 to Dec 19, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Thos G Abbott — ADDRESS 4509 Liberty Heights Ave. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 21, 1949	NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	LOCATION (City, town, or county) (State) Randallstown, Md.
DATE REC'D BY LOCAL REG. 12/21/49	REGISTRAR'S SIGNATURE H.W. Hedrick Dm	24. FUNERAL DIRECTOR J. Billis Lamoreau	ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11524

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md | LENGTH OF STAY (In this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 5301 Elsrode Ave

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Dorsey (Last) Marshall

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Oct. 16 - 1868

9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sparks Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hugh A Marshall

14. MOTHER'S MAIDEN NAME: Matilda W. Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service)

15. SOCIAL SECURITY No.

17. INFORMANT: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure — Interval Between Onset and Death:

450.0 97

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to Dec 14, 1949, that I last saw the deceased alive on Dec 13, 1949, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Walter T. Kees M.D. Cockeysville Md 14 Dec. 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 12-17-49 | NAME OF CEMETERY OR CREMATORY Jessups Cemetery | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-14-49 | REGISTRAR'S SIGNATURE Laura M. Schroeder | 24. FUNERAL DIRECTOR ADDRESS Wm. Cook, St. Paul & Preston St

RECEIVED
DEC 15 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11525

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4yrs/mos/day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 27 S. Stricker St.

3. NAME OF DECEASED (Type or Print) (First) Mary Elizabeth (Middle) (Last) MARTIN
4. DATE OF DEATH (Month) December (Day) 19 (Year) 1949
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-2-1892
9. AGE last birthday 57 yrs. If under 1 year Months 1 Days 17 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Ralph Terry
14. MOTHER'S MAIDEN NAME Amanda Virginia Bull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ---
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.0 Immediate cause (a) Toxemia + Cardiac failure

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture Right hip

(c) Accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital (CITY OR TOWN) Catonsville (COUNTY) Balt and (STATE)
TIME OF INJURY (Month) Sept. (Day) 16 (Year) 49 (Hour) 7:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fall on floor while going to bath room

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo. S. McKieffer MD Deputed Evan Balt Co
ADDRESS 1010 Leeds ave
DATE SIGNED Dec. 20. 4

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Md. Anatomical Board
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1-2-49
REGISTRAR'S SIGNATURE R. W. Hedrick
24. FUNERAL DIRECTOR
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11526

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (15)
STREET ADDRESS (If rural, give location) 4919 Park Heights Avenue

3. NAME OF DECEASED (Type or Print): (First) ALVIN (Middle) M. (Last) MASON, JR.

4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 4-14-1892

9. AGE last birthday: 57 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Road Construction

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvin Mason

14. MOTHER'S MAIDEN NAME: Lucy Eaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Infarctions of myocardium	2 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis thrombosis	2 Years.
	(c)	

420.1 9da

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19-, 1949, to 12-5-, 1949, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 2:10 A. m., from the causes and on the date stated above.

VA

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh	H.C. MANAUGH, M.D.	Chief Pro. Services. VAH, Ft. Howard, Md.	12-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/7/49 pm | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/7/49 | REGISTRAR'S SIGNATURE: C.W. Pedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, | ADDRESS: Balto., Md.
Mildred J. Blight 6009 Harford Rd

11527

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2609 E Madison St

3. NAME OF DECEASED (Type or Print) (First) ANTON J (Middle) ~~MATEJOVIC~~ (Last) MATEJOVIC

4. DATE OF DEATH (Month) Dec (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 13, 1891
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Letter Carrier
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anton Matyovic
14. MOTHER'S MAIDEN NAME Mary Barbarko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002

13b

INTERVAL BETWEEN ONSET AND DEATH 8 to 16 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1949, to Dec 18, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 6 P M m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) ADDRESS M.D., Supt., Eudowood Sanatorium, Towson 4, Md. DATE SIGNED 12-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/22/49
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) 4430 Belair Rd. Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/21/49
REGISTRAR'S SIGNATURE H W Hedrick DM
24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS ~~2601-3-5 E. Madison St.~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11528

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 174 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.	STREET ADDRESS (If rural, give location): 600 Brant Street

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) ROOSEVELT (Last) MAXFIELD

4. DATE OF DEATH (Month) December (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/29/25

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Building Trade

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Maxfield

14. MOTHER'S MAIDEN NAME: Mildred Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clinical Records, Vet.Adm.Hosp.Ft.Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Meningitis	Unknown
002 Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ we attended the deceased from June 11, 1949, to Dec. 2, 1949, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

SIGNATURE: C. E. Shaw M.D. (Degree or title) — ADDRESS: VETS.ADM.HOSP.,FT. HOWARD, MD. — DATE SIGNED: 12-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-6-49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12/5/49 — REGISTRAR'S SIGNATURE: Arl Hedrick Dm

24. FUNERAL DIRECTOR: Charles R. Law, — ADDRESS: 802 Madison Ave., Balto., Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11529

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Wilson — LENGTH OF STAY (In this place) 7 mos., 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hosp.	STREET ADDRESS (If rural, give location) 2314 W. Fayette St.

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) E.	(Last) McDonnell	4. DATE OF DEATH	(Month) Dec.	(Day) 23	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2/3/13	9. AGE last birthday 36 yrs.	If under 1 year Months 10	Days 20	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James E. McDonnell			14. MOTHER'S MAIDEN NAME Nannie Healy				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY No. 215-09-8042	17. INFORMANT Margaret McDonnell (Wife)				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Pulmonary Tuberculosis	11 mos.
002 Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No operation	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1949, to 12/23, 1949, that I last saw the deceased alive on 12/23, 1949, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Mt.Wilson, Md.	12/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/26/49	NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	LOCATION (City, town, or county) (State) 4300 Old Fred.Rd., Balto. Md.
DATE REC'D BY LOCAL REG. 12/23/49	REGISTRAR'S SIGNATURE Helen R Meyer	24. FUNERAL DIRECTOR Harry Witzke	ADDRESS 4101 Edmondson Ave., City

M

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2

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11530

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.; LENGTH OF STAY (in this place) 2mo. 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 117 N. Front St., Baltimore; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland; STREET ADDRESS (If rural, give location) 117 N. Front St., Baltimore

3. NAME OF DECEASED (Type or Print): (First) Charles; (Middle); (Last) Miller

4. DATE OF DEATH: (Month) 12; (Day) 28; (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 8/5/1899

9. AGE last birthday: 50 yrs.; If under 1 year: Months 4, Days 23; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baker's helper

10b. KIND OF BUSINESS OR INDUSTRY: bakery

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Miller

14. MOTHER'S MAIDEN NAME: Dora Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Cerebral Hemorrhage	36 hours
307 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Terminal Pneumonia	18 hours
	(c) Alcoholism, associated with manic depressive psychosis.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1949, to 12/28, 1949, that I last saw the deceased alive on 12/28, 1949, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gertrude J. Fleischmann M.D.

Gertrude J. Fleischmann, M.D. Catonsville 28, Maryland 12/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 12-29-49

NAME OF CEMETERY OR CREMATORY: Shaar Israel

LOCATION (City, town, or county): Balto

(State): Md

DATE REC'D BY LOCAL REG.: Dec 29-49

REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Jack Lewis Inc

ADDRESS: 2100 Eutaw Pl

Evidence for change in #18 shown on:

FILM No. G 123 JAN 4 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11531

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 2 mo. 28 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets Adm.Hospital,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 1921 Guinn Oak Ave.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) G.	(Last) MOHLHENRICH	4. DATE OF DEATH	(Month) 12-	(Day) 25	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S	8. DATE OF BIRTH: 3-17-86	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook	10b. KIND OF BUSINESS OR INDUSTRY: Cook	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: John Mohlhenrich	14. MOTHER'S MAIDEN NAME: Barbara Schewmmer						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): Army WW1	16. SOCIAL SECURITY No.: 217-~~18-684~~ 16-5884	17. INFORMANT AND ADDRESS: Clinical Records,Vets.Adm.Hosp.Ft.Howard					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Advanced Tuberculosis, Pulmonary (1-4-50-ams)	3 months
Antecedent cause(s)		1 yr plus
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none	(CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27 12-25, 1949, to 12-25, 1949, that I last saw the deceased alive on XXXXXXXXXXX 19....., and that death occurred at 8:30 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
ROBERT MAZER, M.D. (Rmazer)		VAH Fort Howard, Md.	12-25-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12/28/49	NAME OF CEMETERY OR CREMATORY: National	LOCATION (City, town, or county) (State): Baltimore Md
DATE REC'D BY LOCAL REG.: 12/27/49	REGISTRAR'S SIGNATURE: A.W. Hedrick Per AS	24. FUNERAL DIRECTOR: Wilhom Cook Inc	ADDRESS: 1217 Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11532

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1801 Selma ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1801 Selma ave

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Tarr (Last) Moore
4. DATE OF DEATH (Month) Dec (Day) 8 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 4 1885
9. AGE last birthday 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Physician
11. BIRTHPLACE (State or foreign country) Kent Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard S Tarr
14. MOTHER'S MAIDEN NAME Mary V Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ross P. Tarr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo M. Kieffer (Degree or title) M.D. Exam Balto Co ADDRESS 1010 Leeds ave DATE SIGNED Dec 9 49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 12/10/49
NAME OF CEMETERY OR CREMATORY Hemlock
LOCATION (City, town, or county) (State) Colbrook, Conn.

DATE REC'D BY LOCAL REG. December 10 - 1949
REGISTRAR'S SIGNATURE RW.

24. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. - 1900 Eutaw Place Baltimore, Md.
ADDRESS
MB Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

11533

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 70 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2823 W. Lafayette Ave.,

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) S. (Last) MOORE

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-11-1912

9. AGE last birthday: 37 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas S. Moore, Sr.

14. MOTHER'S MAIDEN NAME: Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 220-14-7637

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

195
55a

Immediate cause (a) CARCINOMA OF ADRENALS, MEDIASTINUM AND UPPER LOBE OF RIGHT LUNG; ORIGIN UNKNOWN — Interval Between Onset and Death: Duration approx. 6 months.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-19-49

19b. MAJOR FINDINGS OF OPERATION: Mediastinal Mass

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 9-8, 1949, to 12-17, 1949, ~~that I last saw the deceased~~ ~~on~~ ~~19xx~~, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE: V. O. Eareckson (Degree or title): M.D. ADDRESS: VAH, Fort Howard, Md. DATE SIGNED: 12-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/21/49 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Old Frederick Rd., Balto., Md.

DATE REC'D BY LOCAL REG. 12/19/49 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Harry Witzke, 4101 Edmonson Ave., Balto., Md.

11534

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
STREET ADDRESS (If rural, give location) 2900 New York Ave. Balto. Hghs.

3. NAME OF DECEASED (Type or Print): (First) Sophy (Middle) E. (Last) Moser

4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 28, 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Krell

14. MOTHER'S MAIDEN NAME: Sophy Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Charles E. Penn 2900 N. Y. Ave. 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Degeneration — 2 yrs

444

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2yrs.

75b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Splenomegaly — 10 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.1.49, 19....., to 12.14.49, 19....., that I last saw the deceased alive on 12.14.49, 19....., and that death occurred at 6 a/m., from the causes and on the date stated above.

SIGNATURE Paul Schonfeld M.D. (Degree or title) — ADDRESS 2301 Annapolis Rd. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 17, 1949 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG.: December 17th 1949 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: Geo. L. Beyer Jr. | ADDRESS: 1512 Hollins St. Balto. 23 Md.

11535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave Chase Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
STREET ADDRESS (If rural give location) Eastern Ave Chase Md

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Preston (Last) Myles

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH: Sept 12 1865 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Charles County Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Myles | 14. MOTHER'S MAIDEN NAME: Eva Matney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Lottie Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c) Arterio Sclerotic Cardio-Vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Dec 4, 1949, that I last saw the deceased alive on Dec 4, 1949, and that death occurred at 11:60 A.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
G M Baumgardner | M D | Balto & Md | 12-4-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Dec 7/49 | NAME OF CEMETERY OR CREMATORY Mays St. Cem. | LOCATION (City, town, or county) Chase (State) Md.

DATE REC'D BY LOCAL REG. 12/7/49 | REGISTRAR'S SIGNATURE H W Hedrick | 24. FUNERAL DIRECTOR Mrs Robert A. Edwards | ADDRESS Dundalk

VS. A15

11536

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2509 St. Paul Street

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) G. (Last) NEARY

4. DATE OF DEATH: (Month) December (Day) 8, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: [illegible] 1848

9. AGE last birthday: About 01y — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Neary

14. MOTHER'S MAIDEN NAME: Sarah Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: 215-22-2815

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis — Interval Between Onset and Death: Unknown

592 Antecedent cause(s)

1312 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ VA attended the deceased from 11-12-1949, to 12-8-1949, ~~that I last saw the deceased alive on [illegible], 19[illegible]~~, and that death occurred at 5:50 A. m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh — (Degree or title): H.C. MANAUGH, M.D. — ADDRESS: Chief Pro. Ser. VAH, Ft. Howard, Md. — DATE SIGNED: 12-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/10/49 — NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12/9/49 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Mears Funeral Home — ADDRESS: 605 S. Calvert St., Balto., Md.

11537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brighton — LENGTH OF STAY (in this place) 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brighton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6724 Parr Avenue	STREET ADDRESS (If rural, give location) 6724 Parr Avenue

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Nickle			4. DATE OF DEATH (Month) Dec. (Day) 11, (Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Oct. 27,1868	9. AGE last birthday 81 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore , Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James McAlister			14. MOTHER'S MAIDEN NAME Catherine Bowghton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. -----		17. INFORMANT Vernon W. Nickle		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Arterio Sclerosis	?
Antecedent cause(s) (b)	Senility	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

450.0

97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION -------	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 - 13 - 1947, to 12 - 11 - 1949, that I last saw the deceased alive on 12 - 10 - 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE E E Nichols MD (Degree or title) ADDRESS Pikesville-8, Md. DATE SIGNED 12 - 13 - 49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 12 - 13 - 49	NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	LOCATION (City, town, or county) (State) Baltimore City, Md.
DATE REC'D BY LOCAL REG. 12/12/49	REGISTRAR'S SIGNATURE Dr E E Nichols	24. FUNERAL DIRECTOR Frank W. Seitz, 814 W. 36th St. Balto.Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1949
BUREAU V. S.

11538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Wardlawn. Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wardlawn | LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 2016 Gwynn Oak Ave COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wardlawn Balto Co. Md
STREET ADDRESS (If rural, give location) 2016 Gwynn Oak Ave

3. NAME OF DECEASED (Type or Print) (First) Rev (Middle) Paul Leo (Last) Norris

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 1949

5. SEX Male | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 1/15/1900 | 9. AGE last birthday 49 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Baltimore | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Patrick W. Norris | 14. MOTHER'S MAIDEN NAME Catherine M. Mannion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Mr Victor Norris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary thrombosis	minutes
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ — | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb, 1948, to Mar, 1949, that I last saw the deceased alive on Mar, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
OK. DD Caplan Med. Exam. Frederick J. Vollmer MD. 6100 York Road Balto-12 Dec 6 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12/9/49 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) (State) Old Frederick Rd

DATE REC'D BY LOCAL REG. 12-8-49 | REGISTRAR'S SIGNATURE L | 24. FUNERAL DIRECTOR J. J. Fahey & Sons | ADDRESS 1318 Light St

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 22

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET HALL OWINGS

2. DATE OF DEATH: Dec. 14, 1949

3. PLACE OF DEATH: A. ~~Baltimore City, Maryland~~ Pikesville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1740 Reisterstown Rd.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pikesville
D. STREET ADDRESS (If rural, give location): 1740 Reisterstown Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Nov. 30, 1908	41 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	homes	Md.	

13. FATHER'S NAME: Frederick D. Hall

14. MOTHER'S MAIDEN NAME: Cora Hopkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Mr. John F. Owings	Pikesville 1740 Reisterstown Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO

163 ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

47d

(C) Pregnancy - Delivery on — Dec 1-

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 1, 1949, *to* Dec 14, 1949 *that I last saw the deceased alive on* Dec 13, 1949, *and that death occurred at* 9:55A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Coral Gordon M. D.	300 E. Northern	12-14-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/17/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/15/49	A. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi

69
28
97

66
26
92

MARYLAND STATE DEPARTMENT OF HEALTH

11540

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison | LENGTH OF STAY (In this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Golf Course Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~COUNTY~~ Balto. city.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 2405 Guilford Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	PANGLE	~~January~~ 12	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	~~January~~ About 1879	About 70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeping	Domestic	Frederick Co. Virginia	U.S.A

13. FATHER'S NAME: James Mitchell
14. MOTHER'S MAIDEN NAME: Virginia Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Unknown	Loring Pangle

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None.	None.			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None . m.	None	None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples Med. Exam.	M.D	Reisterstown, Md.	12-13-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 16, 1949	Mt Carmel Cemetery	Middletown, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-49	Mary B. Eline.	Francis H. Newell	Pikesville Md

4743
95c

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11541

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hydeshow | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradenau
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Parker

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: About 1870 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unk | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unk | 14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: none | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	1 Mo.
420.1 Antecedent cause(s)	(b) Coronary Sclerotic Heart Disease	2 yrs.
940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1947, to Dec 8, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Clifford F. Hudson M.D. | Fork, Md. | 12/8/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12-13-49 | NAME OF CEMETERY OR CREMATORY Elm's House | LOCATION (City, town, or county) Texas, (State) Md.

DATE REC'D BY LOCAL REG. 12/13/49 | REGISTRAR'S SIGNATURE Henry Cruse | 24. FUNERAL DIRECTOR John B. Comm[illegible] | ADDRESS 418 Eastern Ave.

RECEIVED
JAN 6 1950
BUREAU U. S.

11542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) Approx. 11 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1415 McCulloh Street

3. NAME OF DECEASED (Type or Print) (First) JULIUS (Middle) C. (Last) PARROTT
4. DATE OF DEATH (Month) (Day) (Year) December 15, 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-10-08
9. AGE last birthday 41 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY Dep. Store
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Pendleton Parrott
14. MOTHER'S MAIDEN NAME Veronica Saunders
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-2
16. SOCIAL SECURITY No. 215-16-2789
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) LOBAR PNEUMONIA	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

490

108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 12-14-, 1949, to 12-15-1949, ~~[illegible]~~ ~~[illegible]~~ death occurred at 5:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.C. Manaugh
H.C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, Ft.Howard, Md. 12-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12-17-49
NAME OF CEMETERY OR CREMATORY Arbutus Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. December 17 1949
REGISTRAR'S SIGNATURE 12/17/49 R.W
24. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

11543

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: BALTIMORE; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT.; LENGTH OF STAY (In this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 820 "F" ST.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD; COUNTY: BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS POINT; STREET ADDRESS (If rural, give location): 820 F. ST.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	THOMAS	MADISON	PASSAPAE		12	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	MARRIED	FEB 7, 1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MACHINIST	STEEL CO.	DENTON, MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH PASSAPAE	AMANDA R. ROE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—		VERNON M. PASSAPAE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-respiratory failure	two days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Glioblastoma Multiforme left occipital lobe	7 months
	(c)	

193
54a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
August 1949	Glioblastoma Multiforme of brain	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1949, to Dec. 30, 1949, that I last saw the deceased alive on Dec 30, 1949, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dawson L. Farber	M.D.	Sparrows Point-19 mg	12/31/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/2/50	LOUDON PARK.	FREDERICK RD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 31-49	Dawson L. Farber	JOHN F. DENNY, INC	715 LIGHT ST-30

VS. A15

Dr. Farber
914 O St.
Sp Md.

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11544

CERTIFICATE OF DEATH

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Neck | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sandtat Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Neck
STREET ADDRESS (If rural give location) Sandtat Rd.

3. NAME OF DECEASED (Type or Print): (First) Jabez (Middle) Nelson (Last) Phinney

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated | 8. DATE OF BIRTH: May 9-1876 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jabez Phinney | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Yes (If yes, give war or dates of service): WW I | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mr. John Weymouth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 12 hrs.

420 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Dec 28, 1949, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

J M Bamm gardner M.D Balto 6 Md 12-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-30-49 | NAME OF CEMETERY OR CREMATORY: Balto Natl Cem | LOCATION (City, town, or county) (State): Balto, Md.

DATE REC'D BY LOCAL REG. 12/30/49 | REGISTRAR'S SIGNATURE: Henry Russe | 24. FUNERAL DIRECTOR: John G Connelly | ADDRESS: Essex Md

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11545

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: BALTIMORE; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE; LENGTH OF STAY (in this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS: OLD COURT RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD.; COUNTY: BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE; STREET ADDRESS (If rural give location): OLD COURT RD.

3. NAME OF DECEASED (Type or Print): (First) EMILY (Middle) BLACKFORD (Last) POULTNEY

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 12, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: EUGENE BLACKFORD

14. MOTHER'S MAIDEN NAME: REBECCA GORDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: MISS R.G. POULTNEY

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	14 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension, arterio-sclerosis	20 yrs.
	(c)	

331
B30

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1936, to Dec 12, 1949, that I last saw the deceased alive on Dec 12, 1949, and that death occurred at 12 45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Palmer R Wilbur	M.D.	Pikesville Md.	Dec 13 '49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-14-1949	ST. THOMAS	GARRISON FOREST MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/13/49	A. W. Hedrick	HENRY W. JENKINS & SONS CO.	4905 York Rd BALTO. 12, MD

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

11546

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
STREET ADDRESS (If rural, give location) Powers Avenue

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) PATRICK (Last) POWERS

4. DATE OF DEATH (Month) December (Day) 15 (Year) 1949

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 9-28-1877

9. AGE last birthday 72 yrs. If under 1 year: Months 2 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (State or foreign country) Maine

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Powers

14. MOTHER'S MAIDEN NAME Mamie Bridget Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. ---

17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	few hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	indef.
	(c) Hypertension	before 12-8-49

334
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1949, to 12-15, 1949, that I last saw the deceased alive on 12-15, 1949, and that death occurred at 8:55 P.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) Isadore Tuerk, M. D.

ADDRESS Spring Grove State Hospital Catonsville-28, Md.

DATE SIGNED 12-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Dec 19, 1949

NAME OF CEMETERY OR CREMATORY St. Josephs

LOCATION (City, town, or county) (State) Texas, Maryland

DATE REC'D BY LOCAL REG. 12-28-49

REGISTRAR'S SIGNATURE M. Victor E. Harry

24. FUNERAL DIRECTOR Sanders M. Brooks - Sparks, Md

ADDRESS

G.

RECEIVED
DEC 28 1949
BUREAU T. R.

MARYLAND STATE DEPARTMENT OF HEALTH

11547

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Rosedale
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: BALTO.,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Rosedale
STREET ADDRESS (If rural give location): 1704 O'Dell Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	E.	PRANKE	December	16,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	March 23, 1867	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Balto. City Worker	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Balto., Md. Mrs. Lillian James; 2525 Hollins St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(e) Cerebral Hemorrhage -	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.1 940)	(b) Arterio - Sclerosis	Unknown
	(c) Coronary Disease with Myocardial damage	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 11, 1947, to December 16, 1949, that I last saw the deceased alive on Dec. 16, 1949, and that death occurred at 12-25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Philibert Artigans - M.D.	2942 E. Fayette St. - Balto. Md.	12/18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-19-49.	Oak Lawn Cemetery	7225 Eastern Ave. Balto. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 19-49	A. W. Hedrick	Charles S. Zeiler	901 S. Conkling St. Balto. Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11548

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longgreen — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longgreen
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Florence M. Quickley

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 1886

9. AGE last birthday: 63 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jack Britton

14. MOTHER'S MAIDEN NAME: Sewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Moses Quidkley - Longgreen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thombosis	24 hrs.
443 Antecedent cause(s)	(b) Hypertensive Cardiovascular Dis.	10 yrs.
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1939 to Dec 19, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 8:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork, Md. 12/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-22-49 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem. — LOCATION (City, town, or county) (State): Longgreen, Md.

DATE REC'D BY LOCAL REG. 12/21/49 — REGISTRAR'S SIGNATURE: Wm. Hedrick

24. FUNERAL DIRECTOR: Mrs. Frances A. Hemsley — ADDRESS: 578W Biddle St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11549

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Catonsville
LENGTH OF STAY (in this place): 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3717 Liberty Heights Ave

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) Nicodemus (Last) Reg (Rea)

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-20-04

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Office

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clinton C. Nicodemus

14. MOTHER'S MAIDEN NAME: Sarah Enoch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalitis, type undetermined — Interval Between Onset and Death: Indefinite

343 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

808 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1949, to 12-11, 1949, that I last saw the deceased alive on 12-11, 1949, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE: Andrew Funk — (Degree or title) M.D. — ADDRESS: Spring Grove State Hospital Catonsville 28, Md. — DATE SIGNED: 12-11-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 12-15-49 — NAME OF CEMETERY OR CREMATORY: Linganore — LOCATION (City, town, or county) (State): Frederick Co., Md.

DATE REC'D BY LOCAL REG.: 12-12-49 — REGISTRAR'S SIGNATURE: W. E. Harris

24. FUNERAL DIRECTOR — ADDRESS: C. M. Welty - Winfield, Md.

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11550

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mo.
Hospital, institution, or street address where death occurred: Wood Convalescent Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)
Street No. 606 Wildwood Parkway (If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Marie G. Reechel

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8.(b) Name of husband or wife: Gustave Reechel
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 19, 1865

8. AGE: Years	Months	Days	If less than one day
84	5	7	hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden name: Unknown
15. Birthplace:

16. Informant: Bertha E. Brooks
Address: 606 Wildwood Parkway

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 29-1949 (month) (day) (year)
Cemetery or crematory: Western
Location: Baltimore City

18. Funeral director: Mrs. & Mrs. John F. Teufel & Son
Address: 5311 Edmondson Ave.

19. Dec. 28 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27 1949, at 3:10 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 Dec 1949, to 27 Dec 1949
and that I last saw h.e.r. alive on 26 Dec 1949

Immediate cause of death	DURATION
Arteriosclerotic and hypertensive cardiovascular disease with	
Due to myocardial degeneration	
Due to	
Other conditions 443 93d	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Emil W. Henning M.D. M. D. or other
Address: 601 Winans Way Date signed: 27 Dec. 49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1101 Frederick Ave.	STREET ADDRESS (If rural, give location) 1101 Frederick Ave.

3. NAME OF DECEASED (Type or Print)	(First) LEWIS	(Middle) CONDICT	(Last) RICHARDS	4. DATE OF DEATH	(Month) DEC.	(Day) 13	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3, 1873	9. AGE last birthday 76 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Manager	10b. KIND OF BUSINESS OR INDUSTRY Westinghouse	11. BIRTHPLACE (State or foreign country) Connecticutt	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Lucas Richards	14. MOTHER'S MAIDEN NAME Maria Hall						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs. Eleanor Baker 1101 Frederick Ave.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of left lung	1 yr.
163 Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerotic vascular disease	4-5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 13 Dec, 1949, that I last saw the deceased alive on 12 Dec, 1949, and that death occurred at 4.00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John A. Nesbitt Jr.		20 E. Preston St.	Baltimore, Maryland 14 Dec 49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE Dec. 15, 1949	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG. 12-15-49	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR George A. Farley	ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1949
BUREAU V. S.

11552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 23yrs.8mos.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1803 Moreland Avenue

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) E. (Last) Riston
4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 21, 1866
9. AGE last birthday 83 yrs. If under 1 year: Months 1 Days 10 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical work
10b. KIND OF BUSINESS OR INDUSTRY Office
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William E. Browning
14. MOTHER'S MAIDEN NAME Mary L. Riley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure secondary to gangrene rt. leg	2 days
450.1 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1936, to Dec. 4, 1949, that I last saw the deceased alive on Dec. 4, 1949, and that death occurred at 12:00 Noon from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED
Isadore Tuerk, M.D. Spring Grove State Hospital, Catonsville, Md. 12-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec 7/49
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 12-7-49
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Genya A Farley ADDRESS Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11553

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 189 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1141 Whatcoat Street

3. NAME OF DECEASED (Type or Print): (First) WALLACE (Middle) A. (Last) ROBINSON
4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6/28/22
9. AGE last birthday: 27 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Augustus Robinson
14. MOTHER'S MAIDEN NAME: Edna Lake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WWII
16. SOCIAL SECURITY No.: 214-18-9852
17. INFORMANT AND ADDRESS: Clin.Records, Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) TUBERCULOSIS, PULMONARY, BILATERAL, FAR ADVANCED, ACTIVE	5 months plus
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
136

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 3, 1949, to Dec. 9, 1949, and that death occurred at 6:45 a. m., from the causes and on the date stated above.

SIGNATURE W.C. Manaugh
H. C. MANAUGH, M.D. (Degree or title) CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. (ADDRESS) 12/9/49 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec-13-1949 | NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/12/49 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Edward Ringgold | ADDRESS: 1463 N. Carey St. Balto. Md.

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11554

FILM No. G 12 MAR 22 19

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; LENGTH OF STAY (in this place) 20 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 FLAGSHIP ROAD	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; STREET ADDRESS (If rural, give location) 2 FLAGSHIP ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JANE	ANN	ROCK	DEC.	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	26 MAR, 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	IRELAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN SULLIVAN	MARGARET (?) U

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	NONE	FRED C. ROCK (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteri-Sclerotic Cardio-Vascular Disease	5 yrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Pyo-Nephritis & Cystitis	3 mos
	(c) (Further report to be made following Microscopic	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Report from Nursing Hospital).

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	(Exam. gives no further information. Case closed. 3/22/50 - A.S.)	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 4, 1947, to Dec. 10, 1949, that I last saw the deceased alive on Dec. 9, 1949, and that death occurred at 11.50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M O'Dare MD		Dundalk Md	12/11/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	13 DEC. 1949	HOLY REDEEMER	4400 BELAIR RD. BALTO. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/12/49	A. W. Hedrick	Walter Brooks Bradley	Dundalk.

VS. A15

11555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2903 Northern Parkway

3. NAME OF DECEASED (Type or Print): (First) William (Middle) — (Last) ROKEL

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH July 20, 1884

9. AGE last birthday 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (Retired)

10b. KIND OF BUSINESS OR INDUSTRY Process Can Co.

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm. Rokel

14. MOTHER'S MAIDEN NAME Minnie Lubnow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. — Interval between onset and death 16 yrs

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1949, to Dec 19, 1949, that I last saw the deceased alive on Dec 19, 1949 and that death occurred at 8.20 P m., from the causes and on the date stated above.

SIGNATURE W A Bridges — (Degree or title) M.D., Supt, Eudowood Sanatorium, Towson 4, Md. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-22-49 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 12-20-49 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Leonard J. Luck — ADDRESS 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11556

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Paradise Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 6608 Altamont Rd. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Lettie B. Rosensteel

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Late Edward W. Rosensteel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1868

8. AGE:

Years	Months	Days	If less than one day
81	10	23	..... hrs. ..... min.

9. Birthplace OHIO (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Hollinger

13. Birthplace -------

MOTHER 14. Maiden name -------

15. Birthplace -------

16. Informant Mrs. Sarah McNicol,

Address 6608 Altamont Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 23/49 (month) (day) (year)

Cemetery or crematory Lorraine Park

Location Woodlawn, Md.

18. Funeral director Harry H. Wintzke

Address 4101 Edmondson Ave.

19. Dec 23 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21/49 19..... at 10.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to 21 Dec 1949 and that I last saw her alive on 19 Dec. 1949

Immediate cause of death arteriosclerotic, hypertensive cardio-vascular renal disease with multiple cerebral hemorrhages.

DURATION 10 yrs +

~~Due to~~

Due to

Other conditions 442 (Include pregnancy within 3 months of death)

131a

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John A. Herbitt Jr. M. D. ~~[illegible]~~

Address 20 E. Preston St, Balt 2, Md Date signed 22 Dec '49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11557

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 716 Linnard St

3. NAME OF DECEASED (Type or Print) (First) LOUISA (Middle) - (Last) RUMENAP

4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 13, 1862
9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Freddie Rose
14. MOTHER'S MAIDEN NAME Catherine Vordemberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Margaret Vandersteen - 4231 Belmar Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 32 days

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1949, to Dec. 10, 1949, that I last saw the deceased alive on Dec. 9, 1949, and that death occurred at 11 02 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Maurice E. Shamer M.D. 3300 W. North Avenue Baltimore City.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec 14, 1949
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. Dec 12-49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Mr. Mrs. John W. Teufelson
ADDRESS 5311 Edmondson Ave

JS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11558

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24; LENGTH OF STAY (in this place) 18 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 506 46th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 506 46th Street

3. NAME OF DECEASED (Type or Print): (First) Ignaci (Middle) - (Last) Rykaczewski

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Not Known 18??

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Mary Dorsey (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Cerebral thrombosis — 10 days

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - (CITY OR TOWN) - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 26 Nov, 1949, to 12 Dec, 1949, that I last saw the deceased alive on 10 Dec, 1949, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles M Kerr MD 815 Eastern Ave, Essex 12 Dec. 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 14/49

NAME OF CEMETERY OR CREMATORY: St Stanislaus

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 12/13/49

REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Fred W. Ozazynski 1930 Edelen Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11559

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home 812 Register Ave.	STREET ADDRESS (If rural, give location): 3404 Calloway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHERINE	D.	SAMUEL	Dec. 23, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days.	If under 24 hrs.: Hours. Min.
female	white	widow	June 20, 1870	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Shepherdstown, W. Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. R. Deck	Margaret Keys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	-	Washington, D. C. Mr. William D. Himes, 4426 Grant Rd., N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	about 2 hrs.
420.1 Antecedent cause(s)		about
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular disease	8 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 41, to Dec. 23, 1949, that I last saw the deceased alive on Dec. 21, 1949, and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter Drublett M.D.	2220 Harrison Blvd Baltimore Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12/25/49	Mable Park	Bluefield, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 24 1949	R.W.	WM. J. TICKNER & SONS	Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11560

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 2 yrs. 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 4425 Old York Rd

3. NAME OF DECEASED (Type or Print): (First) Wilhelmina (Middle) (Last) Sandrock

4. DATE OF DEATH: (Month) Dec. (Day) 7th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Dec. 9th 1871

9. AGE last birthday: 78 yrs.
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Burkheimer

14. MOTHER'S MAIDEN NAME: Caroline Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Laura M. Schroder R.N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934 (b) Hypertension Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1947, to Dec 7, 1949, that I last saw the deceased alive on Dec 7, 1949, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter T. Kees M.D. Cockeysville 12/7/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

12/10/49 | Loudon Pk | Baltimore Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

12/9/49 | Laura M. Schroder | Wm. Cook, St. Paul & Preston St

VS. A15

RECEIVED
DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11561

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. · COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney · LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3038 Arizona Ave	STREET ADDRESS (If rural give location): 3038 Arizona Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	P	Saville	Dec. 5th 19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Single	Aug. 21st 1948		3 / 14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Balto. City Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank L. Saville	Grace C. Hough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Frank L. Saville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIAC FAILURE — 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

754.4 / 157a

(b) CONGENITAL HEART DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MONGOLISM

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Dec. 5, 1949, that I last saw the deceased alive on Dec. 4, 1949, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edmund R. Cooper	M.D.	100 Bruce Ave. Towson 4	12/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/7/49	Erving	Martinsburg W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/5/49	C. M. Bacon	Lovelace Funeral Home	7401 Belair Rd.

VS. A15

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11562

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 223 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville; STREET ADDRESS (If rural give location) 223 Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) M. (Last) Schisler

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 23, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Randallstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Bush

14. MOTHER'S MAIDEN NAME: Georgianna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Raymond Burham, 3500 St. James Ave., Wdln

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 5 hours

410 92 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Stenosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1949, to Dec 17, 1949, that I last saw the deceased alive on Dec 17, 1949, and that death occurred at 10.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. C. Smith — 4509 Liberty Hgts — Balto 7 — Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec. 20, 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery | LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 12/19/49 | REGISTRAR'S SIGNATURE: J. W. Hedrick MD | 24. FUNERAL DIRECTOR: J. Miles Lamoreau | ADDRESS: 4510 Liberty Heights Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11563

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place) 1 yr. 1 mth.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 128 North East Avenue

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) E. (Last) Schultz

4. DATE OF DEATH: (Month) Dec. (Day) 10, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 9-13-1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 2, Days 27. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machine helper

10b. KIND OF BUSINESS OR INDUSTRY: industrial concern

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Schultz

14. MOTHER'S MAIDEN NAME: Frances Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary oedema	indef.
434.1 Antecedent cause(s)		
93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	6 months.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12-, 1948, to 12-10-, 1949, that I last saw the deceased alive on 12-9-, 1949, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M.D. ADDRESS Spring Grove State Hospital, Catonsville 28, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12-13-49 | NAME OF CEMETERY OR CREMATORY Oaklawn | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 12/12/49 | REGISTRAR'S SIGNATURE A. W. Heinz

24. FUNERAL DIRECTOR: John G. Moran ADDRESS 3000 E. Baltimore St.

18c: Dr.Manaugh's letter filmed G122 - 1-4-50 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11564

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md
STREET ADDRESS (If rural, give location): 118 Goldsborough St

3. NAME OF DECEASED (Type or Print): (First) ABRAHAM (Middle) (Last) SHEARER

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/10/91

9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wolf Shearer

14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Clin. Records, Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDIAL INFARCTION, PROBABILITY OF — 8 hrs.

9629 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) ARTERIOSCLEROTIC HEART DISEASE — 3 yrs.

(c) Bronchiectasis probably secondary to shrapnel wound - 20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 10, 1949, to Dec. 15, 1949, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Manaugh
H.C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 12/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 18/49 — NAME OF CEMETERY OR CREMATORY: Hebrew Friendship Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec 16-49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Sol Levinson & Bros., 1124 W. North Ave. Balt

MARYLAND STATE DEPARTMENT OF HEALTH

11565

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
HOSPITAL OR INSTITUTION OR STREET ADDRESS 425 S. 52nd Street.	STREET ADDRESS (If rural, give location) 425 S. 52nd Street.

3. NAME OF DECEASED (Type or Print)	(First) MARTHA	(Middle)	(Last) SLAUGHTER	4. DATE OF DEATH	(Month) Dec.	(Day) 15,	(Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Mar. 16, 1874	9. AGE last birthday 75 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Black Creek Canada	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Clarke Forsyth		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Harry W. Slaughter, 425 S. 52nd St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 260 61	(b) Cerebral Hemorrhage - Hypertension	1 Month
	(c) diabetes -	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	chronic Interstitial Nephritis	don't know

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 5, 1949, to Dec 15, 1949, that I last saw the deceased alive on Dec 15, 1949, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. A. Jacobs	MD	617 North Point Rd Balto 24 Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/17/49	Oak Lawn	Baltimore Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 16-49	A W Hedrick	William Cook, Inc.,	1217 St. Paul St.

VS. A15

Dr. Skloven Maryland State Dept Health
7122 Harford Rd

11566

~~BALTIMORE CITY HEALTH DEPARTMENT~~

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Laura Smith

2. DATE OF DEATH: Dec. 4-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Parkville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2618 Hillcrest

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Co. Parkville
D. STREET ADDRESS (If rural, give location): 2618 Hillcrest Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar. 23-1870
9. AGE (In years last birthday): 79 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monkton - Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Sutton
14. MOTHER'S MAIDEN NAME: Ellen Carlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Carroll Smith - 2618 Hillcrest

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gangrene, lower extremities — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO Arteriosclerosis

443 ANTECEDENT CAUSES

(B) Hypertensive cardio-vasc. disease — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

93d

(C) Extreme obesity — years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946 *to* Dec. 3, 1949 *that I last saw the deceased alive on* Dec 3, 1949, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: S. Skloven M. D.
23B. ADDRESS: 7122 Harford Rd
23C. DATE SIGNED: Dec. 5. 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/49
24C. NAME OF CEMETERY OR CREMATORY: Wesley Chapel
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: 12/5/49
REGISTRAR'S SIGNATURE: A. W. Hedrick D.M.
25. FUNERAL DIRECTOR: Leonard J. Luck - 5305
ADDRESS: Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11567

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt 19 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth Steel Shipyard

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (31)
STREET ADDRESS (If rural, give location) 3605 Erdman Ave ✓

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Paul (Last) Soroka
4. DATE OF DEATH (Month) Dec (Day) 9 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 29, 1913
9. AGE last birthday 36 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Erector
10b. KIND OF BUSINESS OR INDUSTRY Shipbuilding
11. BIRTHPLACE (State or foreign country) Hulevtze, Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Paul S. Soroka
14. MOTHER'S MAIDEN NAME Martha Panchek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-03-9904
17. INFORMANT Helen M. Stayer Soroka (Wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ① Rt Frontal Fracture of skull

902.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ② Compound Fracture of left wrist

186a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Beth Steel Shipyard (CITY OR TOWN) Sparrows Pt-19 (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 9-49 1:25 P m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell 40 ft from scaffold —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J J B Davis M D (Degree or title) Dep Med. Exam. ADDRESS Dundalk Md DATE SIGNED 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 13 Dec 1949 — NAME OF CEMETERY OR CREMATORY St. Andrews Cemetery — LOCATION (City, town, or county) Old German Hill Rd, Dundalk (State)
DATE REC'D BY LOCAL REG. 12/12/49 — REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Walter Brooks Bradley, ADDRESS Dundalk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for change of age shown on:

FILM No. G 1 23 DEC 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11568

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 366 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1038 W. Franklin Street ✓

3. NAME OF DECEASED (Type or Print): (First) JERRY (Middle) (Last) SPENCER

4. DATE OF DEATH: (Month) December (Day) 12, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12-25-1894

9. AGE last birthday: 54 ~~55~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerry Spencer

14. MOTHER'S MAIDEN NAME: Anna (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Infarcts — Interval between onset and death: 3 Days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

332
336

(b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-10- 1948 to 12-12- 1949, that [illegible] death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh, M.D. (Degree or title) CHIEF PRO. SERVICES ADDRESS: VAH, Ft. Howard, Md. DATE SIGNED: 12-13-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 12-16-49 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: 12/15/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: CHAS. R. LAW - 802 Madison Ave Balto. 1, Md.

VS. A15

1835
12 00
3035

11569

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON — LENGTH OF STAY (in this place): 16 MONTHS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ASHTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SHEPPARD + ENOCH PRATT	STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print)	(First) ELIZABETH	(Middle) TOWNSEND	(Last) STABLER	4. DATE OF DEATH	(Month) 12	(Day) 12	(Year) 1949
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE	8. DATE OF BIRTH: 7/23/1862	9. AGE last birthday: 87 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: CHARLES STABLER		14. MOTHER'S MAIDEN NAME: SARA E. KIRK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: ROBERT H. MILLER (NEPHEW)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC FAILURE (ACUTE)	48 hours
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CHRONIC MYOCARDITIS	16 MONTHS +
	(c) GENERALIZED ARTERIOSCLEROSIS	16 MONTHS +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13, 1948, to 12/12, 1949, that I last saw the deceased alive on 12/11, 1949, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE: M. Elgin M.D. (Degree or title) ADDRESS: THE SHEPPARD & ENOCH PRATT HOSPITAL Towson, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial & Cremation	DATE: Dec 12-1949	NAME OF CEMETERY OR CREMATORY: Friends	LOCATION (City, town, or county): Sandy Spring (State): Md
DATE REC'D BY LOCAL REG.: 12/13/49	REGISTRAR'S SIGNATURE: W. Carroll Van Horn	24. FUNERAL DIRECTOR: Roy W. Barber	ADDRESS: Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11570

44

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH · COUNTY: Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 507 Franklin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex, Baltimore 21
STREET ADDRESS (If rural give location): 507 Franklin Ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (NMI) (Last) Staszewski

4. DATE OF DEATH: (Mouth) Dec. (Day) 6 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: (Month) Not known (Day) 1875

9. AGE last birthday: Approx. 104 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Genevieve Lentrio (Granddaughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493 **Immediate cause** (a) Pneumonia — Interval between onset and death: 2 wks

109 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN): — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 29 Nov, 1949, to 6 Dec, 1949, that I last saw the deceased alive on 29 Nov, 1949, and that death occurred at approx. 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles M. Kerr M.D. ADDRESS: 815 Eastern Ave, Essex DATE SIGNED: 6 Dec 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-9-49 — NAME OF CEMETERY OR CREMATORY: Holy Rosary — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 12-8-49 — REGISTRAR'S SIGNATURE: DM Mrs. Hedrick — 24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave.

11571

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT.
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 40 CAROLINE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS POINT
STREET ADDRESS (If rural, give location): 40 CAROLINE AVE.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) B. (Last) STONE

4. DATE OF DEATH: (Month) DEC. (Day) 18 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLACKSMITH HELPER

10b. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL

11. BIRTHPLACE (State or foreign country): WASHINGTON, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES. (If yes, give war or dates of service): W.W-1

16. SOCIAL SECURITY NO.: 219-01-6960

17. INFORMANT: ANDREW L. BRANHAM

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. J. Davis (Degree or title) M.D. ADDRESS: Dept. Med. Exam. Dundalk, Md. DATE SIGNED: 12/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/21/49 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG.: Dec 21-1949 — REGISTRAR'S SIGNATURE: William M. Kelly Jr.

24. FUNERAL DIRECTOR: ROLAND L. FISHER — ADDRESS: DUNDALK, MD.

VS. A15A

RECEIVED
DEC 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11572

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Manor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; STREET ADDRESS (If rural, give location) 26 Manor Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Warfield (Last) Stone

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 17 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard E. Stone

14. MOTHER'S MAIDEN NAME: Eliza Lamb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) —

16. SOCIAL SECURITY No.: 215-01-9328

17. INFORMANT AND ADDRESS: Myrtle Hyman 26 Manor Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EDEMA	2 HOURS
162 Antecedent cause(s)	CARDIAC FAILURE	4 MONTHS
47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BRONCHOGENIC CARCINOMA WITH WIDESPREAD PULMONARY AND PLEURAL METASTASES	2 Years ?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PNEUMONOCONIOSIS — 20 YRS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1949, to 12/2, 1949, that I last saw the deceased alive on 12/1, 1949, and that death occurred at 7:— a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Hornefeld M.D. FCCP — ADDRESS 6919 Harford Rd — DATE SIGNED 12/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 5-49 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county) (State): Taylor Ave Md.

DATE REC'D BY LOCAL REG. 12/2/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Rippel Bros. — ADDRESS: 7110 Belair Rd

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

11573

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caves Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Caves Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	JOHANNA	SUTCH	12	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female.	White	Widow	May 22, 1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework.	Home	Balto. Md.	U.S.A.

13. FATHER'S NAME: John Fanton
14. MOTHER'S MAIDEN NAME: Eliz. Ruhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT: John Howard Fanton - Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
433.1 Immediate cause	(a) Ariculas Fibrillation	1 wks
950 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None	(CITY OR TOWN) None.	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None m.		None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	Med. Exam. M.D.	Reisterstown, Md.	12-9-'49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 12'49	St. Thomas	Garrison Forest Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/12/49	A. W. Hedrick	Frank H. Mowell - Pikesville, Md.	

JS

11574

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Council
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36I3 Century Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Cuoncil
STREET ADDRESS (If rural, give location) 36I3 Century Ave.

3. NAME OF DECEASED (Type or Print) (First) Nicholas (Middle) Till (Last)

4. DATE OF DEATH (Month) Dec. (Day) II. (Year) 1949

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. I3, I865
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Europe
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Till
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Martin P. Till 36I3 Century Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Throat

148 Antecedent cause(s)

45f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Dec 11, 1949, that I last saw the deceased alive on Dec 11, 1949, and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE Paul Schonfeld (Degree or title) ADDRESS 2301 Annapolis Rd DATE SIGNED 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE I2-I4-I949
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) A.A. Co. Md. (State)

DATE REC'D BY LOCAL REG. 12/13/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Flynn & Fleming ADDRESS 1426 Light St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11575

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Baltimore, STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (In this place) Balt 2, (72 Yrs)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 16. Box 412 S. Marlyn ave.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24
STREET ADDRESS (If rural, give location) 302 S. East ave.

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) Matthew (Last) Tolj.

4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Sept 23/1863 | 9. AGE last birthday 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman & tavenn owner - ret. 32 yrs. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Austria | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Matthew Tolj | 14. MOTHER'S MAIDEN NAME Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. hone | 17. INFORMANT 302 S. East Avenue - 24 Mrs. Margaret Tolj

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — 2-3 months

420a1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Carmine M.D. Deputy Medical Examiner Balto Co. Dundalk Md 12/4/49

23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE THEREOF 12/7/49 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE RECD BY LOCAL REG. 12/6/49 | REGISTRAR'S SIGNATURE A.W. Redinger

24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS BALTIMORE - 13, MARYLAND

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11576

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

M

I

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 235 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm.Hosp. Ft.Howard,Md.	STREET ADDRESS (If rural, give location) 1427 Rolling Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MILTON	W	TOOLE		December	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6-30-90	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clothing Cutter	Clothing Cutter	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. Toole	Irene Gable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	215-09-4169	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CACHEXIA	6 months
199.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 55b	(b) CARCINOMA PRIMARY SIGHT UNKNOWN	1 year
	(c) METASTATIC CARCINOMA TO BONE	6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ANEMIA SECONDARY	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 27, 1949	Rib, Biopsy, right rib, Metastatic tumor to rib	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I hereby certify that I VA attended the deceased from 5-3- , 1949, to 12-24, 1949, ~~last saw the deceased~~ alive on ~~[illegible]~~, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bruce ROBERT MAZER, M.D.		VAH Fort Howard, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12.28.49	NATIONAL CEMETERY, BALTIMORE		MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/27/49	R.W. Medrick Per as.	HARRY T. WITZKE	EDMONDSON AVENUE

Evidence for addition of #21 shown on:

11578

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILE No. G 123 DEC 29 1949

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Essex Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 21 Md.
STREET ADDRESS (If rural, give location) Miles Road

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Leona (Last) Ulbig.
4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 49.
5. SEX Fem
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH July 16 1944
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Elmer F. Ulbig
14. MOTHER'S MAIDEN NAME Mildred P. Damasiewicz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Walter M. Damasiewicz Grand Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Suffocation.

180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2nd & 3rd degree Burns over entire

(c) Body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Essex (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 10/49 6.30a m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Defective stove, home burned. (12/28/49)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. J. McCormick (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 12/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 13. 1949
NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.
LOCATION (City, town, or county) (State) Balto. County
DATE REC'D BY LOCAL REG. 12/12/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John N. Weber ADDRESS 401 S. Chester Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for addition of #21 shown on:

FILM No. G 123 DEC 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

11579

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Essex Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 21 Md.
STREET ADDRESS (If rural, give location) Miles Road

3. NAME OF DECEASED (Type or Print) (First) Mildred (Middle) P. (Last) Albig.
4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 49

5. SEX Fem
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 14 1923
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter M. Damasiewicz
14. MOTHER'S MAIDEN NAME Helen Nowak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Walter M. Damasiewicz Father

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Suffocation.

180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2nd & 3rd degree burns over

(c) entire body.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Essex (COUNTY) (STATE) Md
TIME OF INJURY (Month) Dec 10/49 (Day) (Year) (Hour) 6 00 a m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Defective stove, home burned. (12/28/49 A.S.)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. W. McCormick (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md. ADDRESS DATE SIGNED 12/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 13 1949
NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.
LOCATION (City, town, or county) Balto - County (State)

DATE REC'D BY LOCAL REG. 12/12/49
REGISTRAR'S SIGNATURE R W. Hedrick JS
24. FUNERAL DIRECTOR John M. Weber ADDRESS 401 S. Chester Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

7

Evidence for change of age shown on:

FILM No. G 125 DEC 28 1949

11580

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Essex Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 21 Md.
STREET ADDRESS (If rural, give location) Miles Road

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) Walter (Last) Ulbig

4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 12 1947
9. AGE last birthday 2 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elmer F. Ulbig
14. MOTHER'S MAIDEN NAME Mildred P. Damasiewicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Walter M. Damasiewicz Grand Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation.

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2 & 3 degree burns over

180 (c) entire body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Essex (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 10/49 6 30 a m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Defective stove, home burned. (12/28/49 - G.S.)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. W. McCarmine (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 12/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 13 1949
NAME OF CEMETERY OR CREMATORY Holy Rosary Church
LOCATION (City, town, or county) (State) Balto. County

DATE REC'D BY LOCAL REG. 12/12/49
REGISTRAR'S SIGNATURE A. W. Hauch
24. FUNERAL DIRECTOR John M. Weber 401 S. Chester Street ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

11581

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Woods off of west end of Morris Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: U — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: K
STREET ADDRESS: N (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) UNKNOWN (Middle) (Last) O W

4. DATE OF DEATH: (Month) December (Day) 26, (Year) 19 49

5. SEX: female | 6. COLOR OR RACE: colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: N | 9. AGE last birthday: yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.: newborn

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Unknown | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Unknown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

926.8 **Immediate cause** (a) EXPOSURE - ABANDONMENT OF NEWBORN

195c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF SKULL - ? POSTMORTEM

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Earl L Royer (Degree or title) M.D. ADDRESS: 700 Fleet St., Baltimore, Md. DATE SIGNED: Dec. 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL JAN 10 1950 | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 1-16-50 | REGISTRAR'S SIGNATURE: C. W. Hedrick | 24. FUNERAL DIRECTOR | ADDRESS

RECEIVED
JAN 16 1950
BUREAU V. S.

11582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm. Hosp.Ft. Howard, Md.	STREET ADDRESS (If rural, give location): 652 Dover St.

3. NAME OF DECEASED (Type or Print) (First) JOHN	(Middle) R	(Last) WASHINGTON	4. DATE OF DEATH (Month) December (Day) 24, (Year) 1949	
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: 9/28/97	9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Washington		14. MOTHER'S MAIDEN NAME: Mary Carroll		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If year, give war or dates of service) WW I	16. SOCIAL SECURITY No.: 214-17-2205	17. INFORMANT AND ADDRESS: Clinical Records, Vets. Hosp.Ft. Howard, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS — Unknown

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-20, 1949, to 12-24, 1949, ~~that I last saw the deceased alive on 19~~ and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin H. Chester MD. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 12/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12/28/49	NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 12/27/49	REGISTRAR'S SIGNATURE: H. W. Hedrick	24. FUNERAL DIRECTOR: Charles R. Law	ADDRESS: 802 Madison Ave., Balto.Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11583

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD BALTIMORE RURAL
LENGTH OF STAY (In this place) 1 YEAR - 2 MOS.
~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS 3634 HILMAR RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural, give location) 3634 HILMAR RD.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) WORDSWORTH (Last) WATERS

4. DATE OF DEATH (Month) DEC. (Day) 30 (Year) 1949

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH JANUARY 7, 1868

9. AGE Last birthday 81 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) CHARLES COUNTY - MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM C. WATERS

14. MOTHER'S MAIDEN NAME SARAH A. PADGETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT MR. THOS. WATERS - (3634 Hilmar Rd. NEPHEW.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	2 DAYS
443 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C-V. DISEASE -	5 YEARS
	(c) PERIPERAL VASCULAR DISEASE -	2 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GEN. PERIPHERAL ARTERIOSCLEROSIS.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 1, 1949, to DEC 29, 1949, that I last saw the deceased alive on DEC. 29, 1949, and that death occurred at 12:32 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas E. Wheeler MD. Randallstown Md - 12/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/2/50

NAME OF CEMETERY OR CREMATORY St. Paul's Ch. Cem.

LOCATION (City, town, or county) (State) Baden, Md.

DATE REC'D BY LOCAL REG. 12/30/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS

ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M Bacon 2810 Taylor Ave

MARYLAND STATE DEPARTMENT OF HEALTH

11584

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (in this place) 12 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 7805 Old Harford Road.

3. NAME OF DECEASED (Type or Print) (First) CARL	(Middle) R.	(Last) WEFELMEYER	4. DATE OF DEATH (Month) Dec.	(Day) 25.	(Year) 1949 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Oct. 19, 1869	9. AGE last birthday 80 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rooming Hoyse Operator, retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Eliza C. Davidson, 7805 Old Harford Road.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 10 da

442 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease

131a (c) with hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1949, to Dec. 25, 1949, that I last saw the deceased alive on Dec. 23, 1949, and that death occurred at 8.15 P. m., from the causes and on the date stated above.

SIGNATURE G. M. Bacon, M.D. (Degree or title) ADDRESS 2810 Taylor Ave. DATE SIGNED Dec. 27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/28/49	NAME OF CEMETERY OR CREMATORY Moreland Park	LOCATION (City, town, or county) (State) Baltimore Co., Md.
DATE REC'D BY LOCAL REG. Dec. 27-49	REGISTRAR'S SIGNATURE G. M. Bacon	24. FUNERAL DIRECTOR William Cook, Inc., 1217 St. Paul St.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11585

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 421 Winston Ave.

3. NAME OF DECEASED (Type or Print): (First) ROY (Middle) F. (Last) WHITE

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2/11/1900

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tile setter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dalton, Ga.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James White

14. MOTHER'S MAIDEN NAME: Mollie Hamontrue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PURULENT CHOLANGITIS	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Empyema of Gallbladder	Unknown
	(c)	

585
12/a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 3, 1949, to Dec. 27, 1949, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE: J.Carlton Godlove, M.D. (Degree or title)

ADDRESS: VAH Fort Howard, Md.

DATE SIGNED: 12-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: Dec. 29, 1949

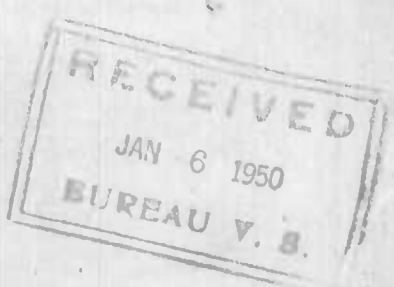
NAME OF CEMETERY OR CREMATORY: National

LOCATION (City, town, or county) (State): Chattanooga Tenn

DATE REC'D BY LOCAL REG. 12/28/49

REGISTRAR'S SIGNATURE: Henry Russo

24. FUNERAL DIRECTOR / ADDRESS: Howard Blight Funeral Home, Balto., Md.


RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11586

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks Rural; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural); STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) May (Last) Wintz

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Apr. 7 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Knapp

14. MOTHER'S MAIDEN NAME: Mary Eliz. Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles H. Wintz, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 1/2 hr.

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 43, to Dec. 22, 19 49, that I last saw the deceased alive on Dec. 22, 19 49, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. France M.D. | ADDRESS Parkton Md. | DATE SIGNED 12/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Dec 24 1949 | NAME OF CEMETERY OR CREMATORY Jessops | LOCATION (City, town, or county) (State) Sparks Balto Co. Md.

DATE REC'D BY LOCAL REG. 12-22-49 | REGISTRAR'S SIGNATURE Wilmer C. Ensor | 24. FUNERAL DIRECTOR ADDRESS Landon M. Brooks, Sparks, Md.

VS. A15

RECEIVED
DEC 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11587

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	LENGTH OF STAY (In this place) 2 yrs. 11 mths
	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural, give location) 153 S. Morley Street

3. NAME OF DECEASED (Type or Print)	(First) Virginia	(Middle) M.	(Last) Wolf	4. DATE OF DEATH	(Month) 12-	(Day) 3-	(Year) 49
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours / Min.
female	white	married	3-14-1903	46 yrs.	8	19	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albert Volkman		14. MOTHER'S MAIDEN NAME Blanche Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. ---	17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous pneumonia	indef.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Huntington's Chorea with deterioration	before 1946
	(c) Malnutrition, decubitus ulcers	indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY --	(CITY OR TOWN) --	(COUNTY)	(STATE)
TIME OF INJURY (Month) -- (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --		

22. I hereby certify that I attended the deceased from 12-12-, 19 49, to 12-3-49, 19 49, that I last saw the deceased alive on 12-3-49, 19 49, and that death occurred at 9 p.m. m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Spring Grove Hospital, Catonsville 28, Md.. 12-8-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE 12-10-49	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) Baltimore	(State) Md.
DATE REC'D BY LOCAL REG. 12/9/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR John T. Stansbury	ADDRESS 2700 Edmondson Av.	

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11588

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson | LENGTH OF STAY (in this place) 2 yrs, 11 mos. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Hollingsworth Manor 298 ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Milford	M.	Wyre	Dec.	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/30/02	47 yrs.	10	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bridge Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North East, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William P. Wyre
14. MOTHER'S MAIDEN NAME: Annie Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Milford M. Wyre

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	3 days
Antecedent cause(s)	(b) Tuberculosis, pulmonary, chronic far advanced, inactive.	11 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Luetic condition with mental deterioration, probably paresis.	4 yrs.

002
30b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/16, 1946 to 12/12, 1949, that I last saw the deceased alive on 12/12, 1949, and that death occurred at 6:10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Jaeger	M.D.	Mt.Wilson, Md.	12/12/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/14/49	North East Cemetery	North East, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/12/49	Helen R. Mayer	J.E.Tyson, Rising Sun, Md.

Received 12-15-49 Dr E E Nichols.

RECEIVED
DEC 16 1949
BUREAU OF S.